# uneral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIR R: After this certificate has been signed by the attending physician and completely filled in by I page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A1S (4) ISM 9/5S M

081

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4811 CERTIFICATE OF DEATH

()4800 Reg. Dist. No.

	LACE OF DEATH COUNTY				MARYLAND	o. STATE		here deceased	l lived. If instit b. COUN		nce befor	• odmiss	ian)
		V (If outside carporate lim	its, write	C. LENGTH O	F STAY IN 1b		TOWN (If	oulside corpor	ote limits, write	RURAL and	give neg	rest fown	1)
	RURAL and give	nearest town)				03							
-	Hagers	town Ma	rive street	35yr	3	d. STREET	TS TO	wn Ma	ryland			IC DEC	IDENICE
	OR INSTITUTIO	PITAL (If not in hospital,	3146 21166	quaress)		/			1.6			ON A	
	Washin	rton Count	y M	ospital	N	647	Forr	est D	rive.			YES [	NO 📑
3.	NAME OF DECEASED	Fi	rst		Middle	Lo	ist	4. DATE	N	ionth	Day	,	Year
	Type or print)	Osear		Pres	ton	Alsto	n	DEATH	April		18		19 59
5. 5	EX	6. COLOR OR RACE	7. MAR	RIED NEVER	MARRIED	B. DATE OF BIRT	гн		9. AGE (In year last birthday				R 24 HRS.
N	lale	Colored	WIDOV	/ED DI	IVORCED 📑	Teb 7	189	4		ns. Months	Days	Haurs	Min.
10a	USUAL OCCUPA	TION (Give kind of work	dane 10b	KIND OF BUSI	NESS OR INDU	STRY 11. BIRTHP	LACE (State	ar fareign co	zuntry)	12. CI	TIZEN O	F WHAT	COUNTRY
П	rusker	varking life, even if retired		auline	trash	10004	a shiri la s	a territor	1470	TT	SA.		
	FATHER'S NAME		1384	auring.	01 0011	14. MOTHER	S MAIDEN N	NAME	ya.	- 0	DZI.	39	
		. 42							-				
15	Presto	T ALSTON	CEE2 11	SOCIAL SECUR	17V NO 117 1	INFORMANT	abell	a Jo	nes	ddan 9 as	- 4		0.4
	, no. or unknown)	(If yes, give war or dates of		. SOCIAL SECUR		A CONTRACTOR OF THE PARTY OF TH	47.44	9]	8 W. ^	daress 16.	lst	Apt	24
n	0		2	220-10-	-3484	Horase	VTS	on ]	lew You	ck 61	ty 3	12	Y.
	18. CAUSE OF	DEATH [Enter only one co	ouse per	ine far (a), (b), a	and (c).]	. 0	- 1					RVAL BE	
	PART I. E	DEATH WAS CAUSED BY:	1	SAKE.	nima	d 120	ma	Uhn-	/		0143	m	- 1 4
	157x	DUE TO									1		
	Canditions, it	f any which )	1000										
	gove rise to	immediate	,										
	cause (o), stati		,								- 179		
7	lying cause lo	, ,			TO DE 1711 0115			ILLAN DIRECTOR				2 14446	ALITOREY
ē	PART II. (	OTHER SIGNIFICANT CON	IDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASI	E CONDITION (	GIVEN IN PAI	RT 1(0) 15	PERFO	RMED?
3												YES 🗌	NO 🗆
CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYING AND CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW IN	JURY OCCURRE	D. (Enter nature	af injury in	Part I ar Part	II of item 18.)				
¥	20c. TIME OF IN.	JURY Month, Day, Ye	ar 20d.	INJURY OCCUR	RED 20e. PL	ACE OF INJURY	(Home, farm	n, 20f. (City	or town)		(County)		(State)
MEDICAL	Haur o. r	10	While of we	Nat while	-	ctary, street, affic	ce bldg., etc	L)					
	21. 1 certify	that I attended the	deceo	sed from	ang	. 1953	( ta	youl	19.5	2, that I	last sa	w the	decease
	alive on	april 14	10	0	d that dads	occurred at	, , , , , , , , , , , , , , , , , , , ,	BAA from		, ,			
	dilve on	7	, 17_	2-1-j-, and	a mor degir	i occorred di			reet, city or tow		me dai		ATE SIGNE
	ACTUAL	11 n	TI		1	34	2 11/1	POTA MA	ne C	1-		16	201-1
	SIGNATURE	Ann D.	IM	M		M.D. 20	1 /V 1	01011	76 0,	/			700
	PHYSICIAN'S NAME (Type)	JOHN D	I	IRCO		1-14	GEL.	STOW	Vami	2			
220	BURIAL, CREMA		OF	22c. NAME C	OF CEMETERY C	OR CREMATORY		22d. LOCA	TION (City, tow	n, or county)		(Stat	e)
1	REMOYAL (Spec	4-22-19	59	Rese I	Mill 6	emeter	V	Rager	stown	Marv	land		
23.	FUNERAL DIRECT			ADDRESS				D BY REGIST		GISTRAR'S S		E	
0	Kohna	R Water	1 9	Nane	retre-	my my	DATE			vilua 8	40		
-	0	· Control	-1.			1 1110	100,100	1 2 0 0.	1 4	when y	There		

#### MARYLAND STATE DEPARTMENT OF HEALTH-SALEINIORE, 18

FORT SERTIFICATE OF DEATH

The state of the s	2700		
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The second secon	OL THE P		
Market Silving and San Land of San San			
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Matter St. Fr. 18 Marie	tred to		
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THE SECOND SECON		THE RECEIVED	
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Section 1 sections	1000		

VS A1S (4) 1SM 10/57 091

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	1
		· · · · · · · · · · · · · · · · · · ·	

4812 CERTIFICATE OF DEATH

()4799 Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  b. COUNTY  A. A
1	b. CITY OR TOWN (If outside corporate limits, write. c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION STATE HISP.	M. DDL F TOWN  O. STREET ADDRESS  O. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First Middle DECEASED (Type or print) Lelia Frances	Condrews 4. DATE Month Day Year OF DEATH Coril 7 1959
		B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Is under 1   Is under 24 HRS.   Is u
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	WILLIAM SMITH	CARRIE LITTEN
		NFORMANT Address
	(Yes, no, of upsnown) (If yes, give wor or dates of service) 213-24-80/2 M	us Felo V. Stine middleton, md.
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO	
)	couse (o), stoting the under-	carcinomatosis 4 mos.
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 12 NO 1
	200. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for the p. m. 19 While of work of the other controls.	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	21. I certify that I attended the deceased from March	125, 1959, to april 7, 1959, that I last saw the deceased
		occurred at 6:0513 M, from the causes and an the date stated above.
	ACTUAL Glorge Beron	ADDRESS (Street, city or town, stote)  DATE SIGNED  M.D. 1500 PENNSYLVANIA AVE. 4/8/50
"	PHYSICIAN'S DR. G. BERCU	HAGERSTOWN, MARYLAND
	REMOVAL (Specify) 4/10/59 ROSE HILL	(31016)
	Fined W. Krains Hagerston, M	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 9 '59  Critical Streets

CONTRACTOR STADENIA The state of the s PERMIT WALTE CONTROL - 12 1 - 4 MIT SI SI SI SI AZ C ALM ZALO WILLIAM SHITH CRARIE LITTEN I mu Talo I street modelling he the money added the state of the same and the The state of the s

# FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be fare ed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for tilles. TO FUNERAL DIRE OR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baar Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. 杨 0 21

VS. A15ME 5M 2/57

MARYLAND	STATE DEPARTMEN	T OF HEALTH-	-BALTIMORE,	1
4813AEDIC	AL EXAMINER'S	CERTIFICATE	OF DEATH	

04801 Reg. Dist. No. 302

o. COUNTY					Where deceased lived. It institution: K	
Washingto			MARYLAND	°Maryland		
b. CITY OR TOWN (It of and give nearest town)	outside carparate fimits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f autside carporate limits, write RURAL	and give nearest town)
Hagers	town		16 Hrs	X Hager	rstown R # 3	and the state of t
d. NAME OF HOSPITA	L OR INSTITUTION (	If not in he	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDEN ON A FARM
Wash.	County Ho	spi	tal	near Fur	nkstown	YES NO
3. NAME OF DECEASED (Type or print)	OSCAR	af	MA SON	ARTZ	4. DATE Month OF DEATH April 22 1	959 19
5. SEX	6. COLOR OR RACE	7. MARR	TED NEVER MARRIED	B. DATE OF BIRTH	Amora A Corb. Ac. A. Communication of the Communica	DER TYEAR IF UNDER 24 H
Male	White	WIDOWI	EDIOC DIVORCED	Jany 5 18'		hs Days Haurs Min.
00. USUAL OCCUPATIO during most of working Farming	N (Give kind of work plife, even il retired)	dane 10b.	KIND OF BUSINESS OR INDUS	Downsvil	TATO	CITIZEN OF WHAT COUNTY
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
Sam	uel Artz			Harri	ett Stiffler	
5. WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	INFORMANT	Address	
No	(If yes, give war or dates of	service)	None Ho	ward M. Ar	tz Hagerstown M	d. R # 3
18. CAUSE OF DEAT	H [Enter only one country one		e for (e), (b), and (c). ]	near Fun		INTERVAL BETWEEN CINSET AND DEATH
9025	DUE TO			11/-11\0	ala a ala	
Conditions, if an			Fractured Sku	II(closed) &	BNOCK	
gove rise to immed (o), stoting the u	iote couse					
couse lost.	(c)	1				
PART II. OTH			ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPPERFORMED?
	SE WAS TRIBUTING []		ll over wagon	Enter nature of injury in Pa	et I ar Poit II of Item 18.)	
20c. TIME OF INJUR Hour a. m. 10:30 mx		Whi	ile Nat while lac	ACE OF INJURY (Home, for tory, street, office bldg., etc Highway	Rural Funksta	(County) (State
21. I certify th	at I toak charge	af the	remains described ab	ove, held an Autop	sy . Inspection . Inc	quiry , and in
			causes , Accident		Hamicide, Undetermine	ed manner
ACTUAL SIGNATURE			- Wells			DATE SIGNED
EXAMINER'S NAME (Type)	S	. Rob	ert Wells, M.D	* DEPUTY MEDICAL		4-23-59
20. SURIAL, CREMATION REMOVAL (Specily) Burial	4/25/59	OF .	Rest Haver		Hagerstown Wa	
3. FUNERAL DIRECTOR"	SIGNATURE		ADDRESS		APR 2 8 59	
Andrew K	. Coffma.	n Ha	gerstown Md.	DATE	APR 28'59 Cloth	1 & through

The best of the second of the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04802 Reg. Dist. No.

Washington

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

Days

Months

e. IS RESIDENCE ON A FARM?

YES NO IX

Yeor

19 59

TRY 11. BIRTHPLACE (Stote	ar foreign country)	12. CIT	IZEN OF WHAT COUNTRY?
Myersvill	.e, Md.	U	SA
14. MOTHER'S MAIDEN N	NAME	1 1/1	
CATHER	ine w	eddle:	
FORMANT		Address	
R.B.Nicklas	220 N.Pc	tomac St.H	agerstown, Md.
has 1 Vananah			INTERVAL BETWEEN ONSET AND DEATH
ebral Hemorrh	age		12 hrs
			22. 111.0
NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN PAR	T I(a) 19. WAS AUTOPSY PERFORMED? YES NO
. (Enter noture of injury in I	Port I or Port II of i	tem 18.}	
CE OF INJURY (Home, form	. 20f. (City or tow	(n) (6	County) (State)
none lary, street, office bldg., etc	-		
. 1959 , to AF	r. 23	., 19 59, that I	lost sow the deceosed
			he date stated above.
	ADDRESS (Street, ci		DATE SIGNED
A.D. 115 N.	Potomac	Street	4-24-59
Hagerst	own, Mar	yland	
CREMATORY	22d. LOCATION (	City, town, or county)	(Stote)
Cemetery	Hager	stown	Md.
m, Md. 240. REC'	D BY REGISTRAR 2 7 59	stown 246. REGISTRAR'S SIG Orthun S.	SNATURE
Lo.			

VS A15 (4) 15M 9/S5

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	TE OF DEATH	SALITA SALITA DE	
			AND STREET, STREET,
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	ALL THE STREET, N. P. L.		
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may be retained by

VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4815 **CERTIFICATE OF DEATH**  04803 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Washingto	n	MARYLAN	2. USUAL RES	SIDENCE (WH	nere deceased liv	ed. If instituti b. COUNTY	on: Residence	before odn	nission)
b. CITY OR TOWN RURAL ond give Hagerste	(If outside corporate limits nearest lown)		Month			utside corporate				own)
OR INSTITUTION	PITAL (If not in hospital, given County H			132.E	ADDRESS . Mail	n St.			ON	RESIDENCE A FARMS
3. NAME OF DECEASED (Type or print)	First V10	let	May	-	aker	4. DATE OF DEATH	Mor 4	th	<sup>D</sup> 29	Yeor 19 59
5. SEX <b>F</b>	6. COLOR OR RACE	MIDOWED	NEVER MARRIED [	0-+ 00			AGE (In years as birthdoy) yrs.		YEAR IF UN Days Hou	
10a. USUAL OCCUPAT during most of we HOUSOW	TION (Give kind of work do orking life, even if retired)	1	SOWIFO			ar foreign count			J.S.A	AT COUNTRY?
13. FATHER'S NAME John	Swan			14. MOTHER	S MAIDEN N	Willi:	ams			
15. WAS DECEASED EV (Yes., no. or unknown)	VER IN U. S. ARMED FORC			7. INFORMANT Charles	M Bal	ker 13	2 E.Ma		t.Han	cock N
PART I. DE  Conditions, if gove rise to couse (o), stoting lying cause last	g the under-	d	Repleater	atic co	ma				1	ND DEATH
Y	THER SIGNIFICANT COND	ITIONS CONTRIB	UTING TO DEATH	BUT NOT RELATED T	O THE TERMI	NAL DISEASE CO	ONDITION GIV	EN IN PART	PER	S AUTOPSY FORMED?
OR CONTRIBUTION	VAS UNDERLYING DIG CAUSE OF DEATH Y MEDICAL EXAMINER)	Ob. DESCRIBE H	OW INJURY OCCU	RRED. (Enter noture	of injury in F	Port I or Part II o	of item 18.)			
Y 20c. TIME OF INJU	10	20d. INJURY C	of while	PLACE OF INJURY factory, street, office	(Home, form, ce bldg., etc.	20f. (City or	lown)	(Co	ounty)	(State)
ACTUAL SIGNATURE	that I attended the o 29/59 Howard N.		and that de		12 F	M, from the ADDRESS (Street the Pot	ne causes o	ind on the state)	e date sta	
220. BURIAL, CREMATI	ON. 226. DATE THEREOF			y or crematory Cometer;		22d. LOCATION		or county)	(5)	late)
23. FUNERAL DIRECTO	R'S SIGNATURE	AC	DDRESS C	2 mal	240. REC'S	BY REGISTRAR		STRAR'S SIGN	1.0	a.

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ben Centeur	William Detail	in lunion		Ja	S. CHARLES

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A1S (4) 1SM 9/S8

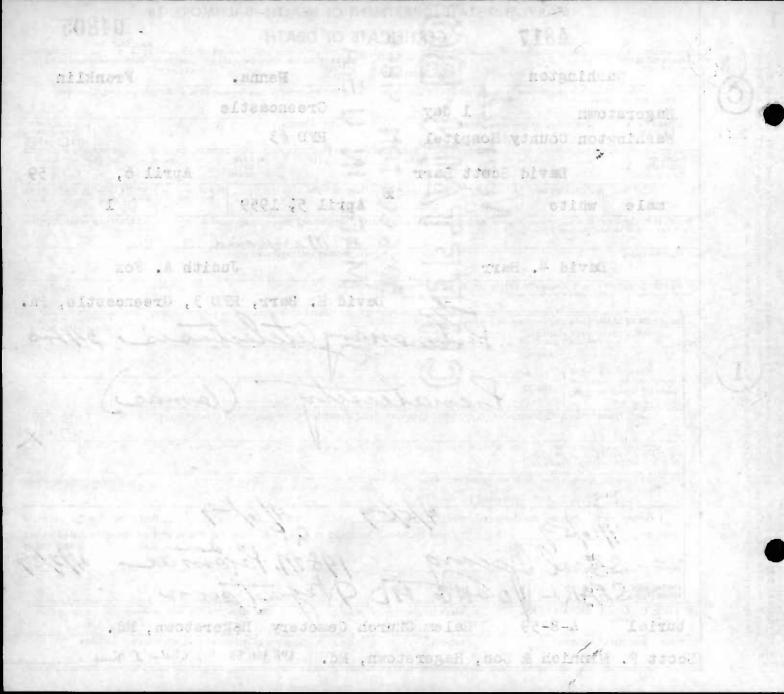
MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	1
4817	CERTIFICATE OF DEATH	

M

04805 Reg. Dist. No.

8

1. PLACE OF DEATH o. COUNTY W8	shington	MARYLAND	2. USUAL RESIDENCE (W o. STATE		COUNTY	before admission)
Hagerst		c. LENGTH OF STAY IN 16  l day oddress) ospital		autside carporate limits, castle	, write RURAL and give	e nearest fawn)  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print)	David Sc	ott Barr	Last	4. DATE OF DEATH	April 6,	Day Year 19 <b>59</b>
s. sex male	6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH April 5,	9. AGE (I lost bir	44 (1 )	YEAR IF UNDER 24 HRS.  Pys Hours Min.
10a. USUAL OCCUPATION during mast af war	ON (Give kind af wark dane 10b. king life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	0 0	12. CITIZEI	N OF WHAT COUNTRY?
13. FATHER'S NAME	David H. Bar		14. MOTHER'S MAIDEN		h A. Fox	
	R IN U. S. ARMED FORCES? 16.		evid H. Ba:	rr, RFD 3	, Greence	astle, Pa
PART I. DE/  Canditions, if a gave rise to i cause (a), stating lying cause lost.  PART II. OTI	mmediate the under (c) HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	//			(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE				
20c. TIME OF INJUI Hour a. m. p. m.	RY Manth, Doy, Year 20d. 1 While of wor	Nat while fa	ACE OF INJURY (Hame, far ctary, street, office bldg., et	m, 20f. (City ar tawn)	(Cau	unty) (State
21. I certify the alive an	Sail Ja FARL VO	ed fram. 4/5/6 , and that death	9, 19, to 4,			saw the deceased date stated above DATE SIGNE
22a. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY CO		22d. LOCATION (City Hagers		(State)
23. FUNERAL DIRECTOR Scott F.	's signature Minnich & Soi	ADDRESS n, Hagerstow	240. REC		46. REGISTRAR'S SIGN	
208/201	XVI					



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04

### I tems 18-21 Film 242 5-0-59

4818 MEDICAL EXAMINER'S CERTIFICATE OF DEATH . 04806 Reg. Dist. No. 302

	LACE OF DEATH			/here deceased lived. If institution		ore admission)
-	CITY OR TOWN [If outside corporate limits, write RURAL   C	MARYLAND LENGTH OF STAY IN 1b	° Maryland			
1	and give nearest town)			outside corporate limits, write f	KUKAL and give ne	rarest lawn)
-	Hagerstown	& Hrs		stown R # 5		
1	Wash. county Hospital		d. STREET ADDRESS	ersburg		e. IS RESIDENCE ON A FARM? YES NO
0	IAME OF First ECRASED Type or print) ESTHER KUH	Middle Th DATTMC	ARDNER	4. DATE Month		Yeor
5, 5				9. AGE (In years		19 IF UNDER 24 HRS.
	Female White WIDOWED	DIVORCED []	Dec. 14 189	61 yrs.	Manths Days	Haurs Min.
	USUAL OCCUPATION (Give kind of work done 10b. KINI pring most of working life, even if retired) OUDITIES OWN	of Business or indust n Home	Chambers	or foreign country) PaourgFranklin		WHAT COUNTRY?
13,	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
	George Kuhn		Mary	Hamburg		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17. M	FORMANT	Address		
§100.	No er enknown) (If yes, give war ar dofes of service)	None Fr		mgardner Hag	erstown	R #5
	18. CAUSE OF DEATH [Enter only one couse per line for	(o), (b), and (c). }		Maryland	INTER	VAL BETWEEN I AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Undetermin	ed//pending	autopsy/repor	<b>t</b> /	
	970.8 DUE TO					
	Conditions, if any, which Poisoning	g due to ove	rdose of			
	gave rise to immediate cause (a), stating the underlying DUE TO	Potassi	um Thiocya:	nate		
	cause tost. (c)		· ·			
CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NALDISEASE CONDITION GIVE		PERFORMED?
ERTIFIC	PRIMARY   or CONTRIBUTING	OW INJURY OCCURRED. (E				
	100	k over dose URY OCCURRED 20e. PLAC		essure pills	16	(6)
MEDICAL		Not while of work	iry, street, office bldg., etc.	) :	(County) Wash	(State) Md
2						
	21. I certify that I taak charge of the ren	_	_		Inquiry [],	and in my
	opinian death resulted fram: Natural cau	uses , Accident [	, Suicide X, I	tamicide [], Undeter	mined manne	X
	ACTUAL S, Policet bus	ella	M D CHIEF MEDICAL EX	AMINER []		DATE SIGNED
		122 10 00	ASSISTANT MEDICA	AL EXAMINER		
	EXAMINER'S S. Robert W	erre, M.D.	DEPUTY MEDICAL I	EXAMINER 🔼	4-:	27-59
220	BURIAL, CREMATION, 22b. DATE THEREOF 22	c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, fown, or	r county)	(Stote)
E	REMOVAL (Specify) 4/29/59 Gi	reen Hill C	emetery	aynesboro F	ranklin	Co IPa
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		The state of the s	TRAR'S SIGNATUR	
	Andrew K. Offman Hage	erstown Md.	DATE	PR 3 0 '59 a	other & the	ud

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<b>&gt;</b>	MARYLAND STATE DEPARTMENT OF HEADIN-BALLIMONE, IS.	
	1980 CERTIFICATE OF DEATH	
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	ment of the second of the seco	

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may be retained, he hospital or attending physician.

TO FUNERAL DIRE A: After this certificate has been signed by the attending physician and completely filled in by the interest page 3 shauld be detached far use as the burial-tronsit permit. Then please remave corbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremotian, or remayol, and in any event within 72 haurs ofter death.

VS A1S (4) 1SM 9/SB

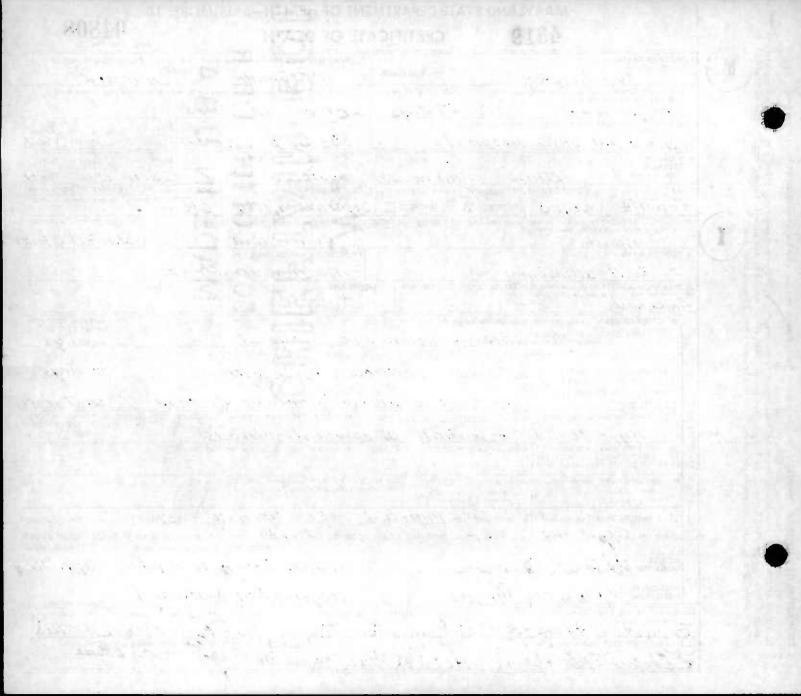
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4819

**CERTIFICATE OF DEATH** 

 $\underset{\text{Reg. Dist. No.}}{04808}$ 

)		PLACE OF DEATH G. COUNTY THIS Share Karl MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admissio o. STATE b. COUNTY	on)
/		b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
		RURAL and give nearest town) Hagers fewn 47 days	Havre de Grace 12.24-2	
		d. NAME OF HOSPITAL (If nat in haspitat, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESID	DENCE
1	4	vestern md. State Hospital	553 Girard street YES	
		NAME OF First Middle DECEASED (Type or print)  ETHEL CUNKNOWN)	OF OF	ear 9.59
	5. 9		B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER	24 HRS.
1	7	Female Negro WIDOWED DIVORCED	September 1, 1890 68 yrs. Manths Days Hours	Min.
1	10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO	OUNTRY?
١,		maid	maryland United S	fates
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	-	will stansbury	mortha Frederick	
	{Ye	s, no, or unknown) (If yes, give war or dates of service)	NFORMANT, Address	
	-3	unknewn	Patient	
		1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETY ONSET AND D	HTASC
		IMMEDIATE CAUSE (a) POPONCHOPNECITIO	NIA, BITOPETAT LAGY	5
	H	Conditions, if any, which) DUE TO	salar da reaction	
		gave rise to immediate	na and congestion 5 day	3
			cardiovaseular disease seral ye	pars
	Z		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AL	
0	CATION	o Hypertension essential @	cerebral sclerosis PERFORI	
	CERTIFI	20g. ACCIDENT WAS UNDERLYING DOOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port II of item 18.)	
	CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pt	ACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
	MEDI	Hour a. m. While Nat while to at wark at work	ctory, street, office bldg., etc.)	
		21. I certify that I attended the deceased from March.	4 , 1959, to april 20 , 1959, that I last saw the de	rensed
			accurred a 2:45 aM, from the causes and an the date stated	
	-11			SIGNED
		SIGNATURE Victor L. Panno	M.D. Western Md. State Hospital april	120159
1		PHYSICIAN'S VICTOR L, Raines	Hagerstown, maryland	
	22a	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	R CREMATORY 22d. LOCATION (City, town, or county) (State)	
	I	Survey 4/25/59 St. James C	emetery Have de Grace "The	id
2	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
X	(	The Exellent Have de &	use and DATE APR 28'59 Conting I. Thatle	



ON A FARM? YES NO

Year

PERFORMED?

(State)

DATE SIGNED

(State)

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		enich Cit			
	Ellin III Vinner	enich Cit			

VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4820

#### **CERTIFICATE OF DEATH**

()481() Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Wash:	ington	MARYLA	AND	2. USUAL RESIDE	ence (who		lived. If institution b. COUNTY		e before odn	nission)
b. CITY OR TOWN (I RURAL and give ne Hagerston	t outside corporate timits, w earest town)	since 3-11	. 11		own (If ou rederi		te limits, write R	URAL ond 9	0	own)
OR INSTITUTION	AL (If not in hospitol, give : ryland State			d. STREET AD		t Fift	th Stree	t		RESIDENCE A FARM? NO XX
3. NAME OF DECEASED (Type or print)	MARGAN	Middle		BR4	57	4. DATE OF DEATH	Mon A PA	ih	Day	Year . 1959
5. SEX	W WI	MARRIED NEVER MARRIED		Nov. 1	1, 18	893	AGE (In years last birthdoy) 6 5 yrs.		Days Hau	
10o. USUAL OCCUPATION during most of work House—wol	ing life, even if refired)	10b. KIND OF BUSINESS OR At Home	INDUS		CÉ (Stote o Maryl		intry)		ZEN OF WH	AT COUNTRY?
3. FATHER'S NAME				14. MOTHER'S	MAIDEN NA	AME				
Ephriam I	Fogle			Harri	ett A	lbaugh	a			
	R IN U. S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. IN	FORMANT			Add	(033		
No	(it yes, give war or dates or terrice	None	Eth	nel B. Br	rust	(Same	as item	#2)		
154 X	TH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO	1///		a + cor			1		ONSET AN	BETWEEN NO DEATH
Conditions, if or gove rise to it couse (o), storing lying couse lost.  PART II. OTHER	the under-	CARCINOMA CONTRIBUTING TO DEAT	of	PRINTED TO 1	n Z p	relvio	metasi condition giv	lasis	1(a) 19. WA	ACCUPS  S AUTOPSY FORMED?
PART II. OTH	CONE PHOSI	. DESCRIBE HOW INJURY OCC	THERE	/Fatas autum of	inium in Da	at I or Post I	Lafitam IR I			NO D
	CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCC	CORRED	. (Enter noture of	injury in re	orri di rarri	i di irem ib.j			
20c. TIME OF INJUR Hour a. m. p. m.	19	While Not while at work of work	foct	CE OF INJURY (Hory, street, office	bldg., etc.)				ounty)	(State)
alive on CL	at I oftended the de	ceased from <u>Mar</u> 19 <u>59</u> , and that d	death		3,550 A	M, fram		ind an th		
PHYSICIAN'S NAME (Type)	VICTOR L	. Lamos	^		erst	bun	mary	lane	1	
270. BURIAL, CREMATIO REMOVAL (Specify)	N. 226. DATE THEREOF	Mount Oli					on (City, town, crick, Ma			tote)
23. FUNERAL DIRECTOR' M. R. Etel	S SIGNATURE	Frederick, Man		nd		BY REGISTRA	AR 24b. REGIS	STRAR'S SIG	NATURE	

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ath. If any delay is necesard 3 to the funeral direction of 5 may be retained to 3 2 with the State Board hours after death. hours after oug Page the word "pending" in pending in them 18. Give Pages 1. Chief Medical Examiner's Office along with form PM3. Po 3 should be used as a burial-transit permit. File pages 1 to burial, cremotion, or removal. writing to the Page o Po execute the certification of the second of t designated 70

CD	
FOR STATE	
HEALTH DEPT.	

-	TH DE	-
Page files.		

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived. If institution: Residence before admission] o. COUNTY Washington O. STATE b. COUNTY Md. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest fown Hagerstown 14 vrs. Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 1318 Glenwood Ave., 1318 Glenwood Ave.. NAME OF Middle DECEASED OF DEATH (Type or print) Sylvester Buckler 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months male white WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 81RTHPLACE (State or foreign country) during most of warking life, even if refired) furniture finisher Brandts St. Marys' County, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Agnes Tippett Hill Isiah Buckler 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IYes, no, or unknown) (If yes, give wor or dates of service) Mrs. Alice Buckler Hagerstown, Md. no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Dhaeterwined behanne sutopey report IMMEDIATE CAUSE (0) DIJE TO Acute Phenobarbital Poisoning Conditions, if ony, which gove rise to immediate couse DUE TO (a), stoting the underlying Aspiration of vomitus couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 11 of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Took over dose of Phenobarbital tablets CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) factory, street, office bldg., etc.) While Not while Hagerstown of work of work 21. I certify that I taok charge of the remains described above, held an Autapsy K., Inspection X. Suicide , Hamicide , Undetermined manner opinion death resulted fram: Natural causes , Accident , ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE S. Robert Wells, M.D. ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER TO NAME (Type 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) St. Pauls 4-21-59 Hagerstown Rural

ADDRESS

Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Wash.

Days

(County)

Wash

4-20-59

24b. REGISTRAR'S SIGNATURE

arthur & Hours

240. REC'D BY REGISTRAR

APR 2 2 '59

USA

e. IS RESIDENCE ON A FARM

YES NOUT

Year

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES IX

NOF

(Stote)

Md

and in my

DATE SIGNED

(State)

Md.

59 19

VS. A15ME 5M 2/57

burial

23. FUNERAL DIRECTOR'S SIGNATURE

Fred W. Kraiss

	CERTIFICATE OF DEATH		TSO 2	THATE II
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			a refraction and a second and a second	

VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4822

#### **CERTIFICATE OF DEATH**

8 ()4812 Reg. Dist. No. 302

1. PLACE OF DEATH o. COUNTY	ashington	MARYLAN	o. STATE	ICE (Where deceased	l lived. If instituti b. COUNTY		before odmi	
	outside corporate limits, write prest town)	c. LENGTH OF STAY IN 1		WN (If outside corpo		RURAL and give	e nearest tow	n)
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospitol, give street County Hospit	t oddress)	d. STREET ADD				ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First	Middle TEE	Lost BUTTS	4. DATE OF DEATH	April	nth	Day 9	Yeor 19 <b>59</b>
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	1959	9. AGE (In years lost birthdoy) yrs.	Months Do	YEAR IF UNE	ER 24 HRS.
during most of working mone  13. FATHER'S NAME	N (Give kind of work done 10 ng life, even if retired)	b. KIND OF BUSINESS OR IN	Ha ge	rstown, M	aryland		S.A.	COUNTR
15. WAS DECEASED EVER			Raymond But			town,	Maryl	and
Conditions, if on gove rise to im couse (o), stoting it lying couse lost.  PART II. OTHE  20g. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	mediate (	CONTRIBUTING TO DEATH	STEWER	HE TERMINAL DISEASI	E CONDITION GIV	VEN IN PART 1	PERF	AUTOPSY ORMED?
20g. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year 20d.		PLACE OF INJURY (Hor foctory, street, office bl	me, form, 20f. (City		(Cou	inty)	(Stote)
21. I certify the alive an	at attended the deceded of the last of the	-9	1952, ath occurred at	M, fran	the causes of reel, city or lown,	and on the	date stat	
220. BURIAL, CREMATION REMOVAL (Specify) BUTIAL	4/10/1959	22c. NAME OF CEMETER Rose Hill	Y OR CREMATORY  Cemetery		ION (City, town,		(Sto	ite)
23. FUNERAL DIRECTOR'S Suter-Rouze	Funeral Home	ADDRESS Hagerstown,		ATEAPR 1 3 '5	RAR 24b. REGI	STRAR'S SIGN		

		-HILASH NO TROM	NO STATE DIPLAT		
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•		3 00.	Secret .		
				1302030	

# DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within execute the certificate, writing the word "pending" in pendil in Item, 18. (4 should be fare the Chief Medical Examiner's Office along with TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit, or its designoted agent, prior to buriol/cremoiton, or removal, and in an 4 should be far TO FUNERAL DIREC

VS. ATSME 5M 2/57

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sary, please	for. Page	r files.	File pages 1 and 2 with the State Baors of Health,	(
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deloy is	funera	elained	State 6	death.
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4823MEDICAL EXAMINER'S CERTIFICATE OF DEATH

813 Reg. Disl. No.

1. PLACE OF DEATH 6. COUNTY Was	hington		MARYLAND	2. USUAL RESIDENCE (V	Where deceased liv	ved. Il institution b. COUNTY	on: Residence bef	
b. CITY OR TOWN Jif and give regrest town) Hagerstown	outside corporate limits, wri	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f oulside corporote Hagersto		URAL and give no	eorest town)
	ttingham R		itol, give street address)	d. STREET ADDRESS 71. Not	tingham	Road		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ARCHIE	rst	Middle OWEN	CAUFFMAN	4. DATE OF DEATH	Month	00y 15	Year 19 <b>59</b>
5. SEX male	6. COLOR OR RACE  white	7. MARRIED		July 10,1909	la.	A Security of the Security of	FUNDER TYEAR Manths Days	IF UNDER 24 HRS. Hours Min.
Custodian  13. FATHER'S NAME	g life, even if retired)	Sel	ND OF BUSINESS OR INDUS	Blue Rid	ige Summi	t, Pa.	U.S.A.	WHAT COUNTRY
15. WAS DECEASED EVE		RCES? 16. Se	OCIAL SECURITY NO. 17.	nformant rs. Retha H.	ennie Nag Cauffman	Address	rstown,	Md.
Conditions, if on gove rise to immed (o), stoting the u couse lost.	inderlying DUE TO	, Cù	TRIBUTING TO DEATH BUT	Soleuse NOT RELATED TO THE TERM	INAL DISEASE COI	NOITION GIVEN	N IN PART 1(o) 15	2. WAS AUTOPSY PERFORMED?
20g. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.			HOW INJURY OCCURRED.	~	TOP		У	ES A NO
Y 20c. TIME OF INJUR Hour o. m. p. m.	Mohith, Doy, Ye	or 20d, IN White of work	DURY OCCURRED 20e. PLA Not white of work	CE OF URJURY (Hame, form lary, street, affice bldg., etc.	n. 20f. (City or to	own)	(County)	(Stote)
	at I taak charge resulted fram:		mains described about the second accordance		Homicide   KAMINER   AL EXAMINER		Inquiry [],	and in my
220. BURIAL, CREMATION REMOVAL (Specify) Burial	N. 226. DATE THERE	OF 2	2c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION		county)	(State)
23 FUNERAL DIRECTOR Suter Rous	s signature zer Tunera	1 Home	ADDRESS Hagerstown, 1	24a. REC'	Hagers D BY REGISTRAR APR 2 2 '59	24b. REGISTI	RAR'S SIGNATUR	

1000 no remedia ca Buch School State of NAME OF THE OWNERS OF THE OWNERS OF THE OWNER, THE OWNE ingress tourise nation(sed AND THE PROPERTY OF THE PROPER Discret Housen's cheral bone se gratians, Mary Chera, win west was concerned to

#### CERTIFICATE OF DEATH

04814 Reg. Dist. No. 302

1, PLACE OF DEATH o. COUNTY	ington		MARY	LAND	2. USUAL RESIDENCE o. STATE Maryla			If instituti		nce befo	ore admiss	sion)
b. CITY OR TOWN	(If outside corporate limits	, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN					give ne	egrest town	n)
RURAL and give	nearest town)		6 Mos		445		town					
d. NAME OF HOSP	ITAL (If not in hospital, give	re street o			d. STREET ADDRE						e. IS RES	SIDENCE
or institution	County Ho	en i t	:81				in Ave				ONA	FARM?
3. NAME OF	First		Middle				DATE		.1			
(Type or print)	ARTHUR		DURMAN	C	HILDRESS		OF DEATH	Apr	11 1	6 1	959	
s. sex Male	6. COLOR OR RACE	7. MARRI WIDOWE		_	8. DATE OF BIRTH August 1	4 1	OMO TON	E (In years birthdoy) 6 yrs.	Months	Doys	Hours	ER 24 HRS. Min.
100. USUAL OCCUPAT during most of wo Service	ION (Give kind of work dorking life, even if retired)		land Fur		THE RESIDENCE OF THE PARTY OF T				12. C	US		COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAID	DEN NAM	NE .					100
Pati	rick H. Ch	ildr	ess		Marth	1a (	no rec	ord)				
15. WAS DECEASED EV			SOCIAL SECURITY NO	. 17. If	FORMANT			Add	ress			
No	(ir yes, give wor or dorse or ser		4-09-887		rs Essie		Childr	ess	921	A l	Main	Ave
	ATH [Enter only one country on	se per lin	e for (a), (b), and (c).	]	Hagers	STOW	n Ma.				TERVAL BE	
1111	DUE TO	~		17	1	-/	218	1			44	
Canditions, if	immediate (0)	-ar	cenone	ro	state e	//	felosi	The	-	-	ne	qua
couse (a), stating lying couse lost	g the under- DUE TO	R	early	6	tero	u	low	Ö			104	4
PART II. O	THER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE T	TERMINA	L DISEASE CON	DITION GIV	VEN IN PA	RT 1(o)		AUTOPSY ORMED?
Z Z												NO [
PART II. OT	/AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	Юb. DESC	RIBE HOW INJURY O	CCURRED	). (Enter noture of injur	ry in Port	I ar Part 11 of i	item 18.)				
ZOc. TIME OF INJU Hour o. m. p. m.	10	While	Not while of wark	20e. PLA fac	CE OF INJURY (Home, lary, street, office bldg.	, form,	20f. (City or tov	vn)		(County	)	(Stote)
21. I certify t	hat I attended the	decease	d from 25	1-	- , 1938, to	4	-/6	195	Ethat I	last s	aw the	decease
alive on	4-13	19	500	death	occurred at	· · · · · ·	M, fram the					
ACTUAL SIGNATURE	A. Su	11	21th	>			ORESS (Street, ci		Hoje)	,	0.	ATE SIGNE
PHYSICIAN'S NAME (Type)	TIBE	W	TITE	-	In H	le	us	lini	ma	/		- 1 - A ad
220. BURIAL, CREMAIN REMOVAL (Specify			Rose H		Cemetery	/	d. LOCATION (			1. (	(Stot	e) d.
23. FUNERAL DIRECTO			ADDRESS	- ilia sila		REC'D B		1	STRAR'S S			4.
Andrew I	K. Coffman	Has	gerstown	Md.	DATE	APH	Y REGISTRAS	-	bulling,	di, 700	LAULA .	

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

erol director, be filed with

completely filled in by the

TO FUNERAL DIRECTOR POGE 3 should be the registrar prior t TO HOSPITAL OR VS A15 (4) 15M 10/57

SAIC Attres and	HITARO RO STADRITRED
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VS. A15ME(5) 5M 9/55 d

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04815

Reg.	Dist.	No.	

1.	PLACE OF DEATH	Washington	1	MARY	rLAND	2. USUAL RESIDENCE a. STATE Mary			ulioni Resid			ission)
Γ	b. CITY OR TOWN (III ond give reports form) William	outside corporate limits, write	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside cor.		RURAL on	d give n	earest to	wn)
	d. NAME OF HOSPITA		f not in hosp	pital, give street addres	56)	d. STREET ADDRESS					ON	A FARM?
3.	NAME OF DECEASED (Type or print)	Willi		Middle Fran	klin	Clark	4. DATE OF DEATH	Mont Ap1		Day 20		160r 959
5.	SEX Male	6. COLOR OR RACE White	7. MARRIE	D NEVER MARRIED		ATE OF BIRTH 3-24-73		9. AGE (In years tost birthday) yrs.	IF UNDER	Doys	IF UND Hours	ER 24 HRS. Min.
10	during most of working	N (Give kind af wark of the life, even if retired)	ione 10b. K	IND OF BUSINESS OR Farming -Se	INDUSTRY	11. BIRTHPLACE (Sto	h Cou	nty	12. CIT		F WHAT	COUNTRY?
13	. FATHER'S NAME Ben ja	min Clark			1	4. MOTHER'S MAIDEN	Jane 1	Ha rmon		36		
15	WAS DECEASED EVE	R IN U. S. ARMED FOI (If yes, give wor or dates of NO		SOCIAL SECURITY NO.		vid Anders	on-R	Address # 2 Willi		ort,	Md	
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CATION		none	DITIONS <u>CO</u>	NTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TER	MINALDISEAS	E CONDITION GIV	VEN IN PA		9. WAS PERFO YES	AUTOPSY DRMED? NO
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MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Month, Day, Yea	While	NJURY OCCURRED 2:	factory	OF INJURY (Home, for, street, affice bldg., ending)	orm, 20f. (City	y or tawn) —	(Co	unty)		(Stote)
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L	BURIAL CREMATION REMOVAL (Specify) Buriel FUNERAL DIRECTOR'S	APRIL-23	1959	REST HAY	ERY OR CE	CEMIETER	Y HAGI	TION (City, town,	WASH			
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ARYLAND	STATE DEPARTMENT OF	HEALTH-
4825	CERTIFICATE OF	DEATH

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OF DEATH	Apr	ril				7	1959
	9. AGE (I				1 YEAR	IF UNE	ER 24 HRS.
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L DISEAS	ECONDIT	ION GIV		PART	1(0)	PERF	AUTOPSY ORMED?
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20f. (City	or town)			(C	ounty		(State)

PLACE OF DEATH     O. COUNTY	Washington		MARYLAN	O STATE	Maryla		f. Il institution: Resid b. COUNTY	ence before od	
b. CITY OR TOWN (I RURAL ond give no Hagerst	-	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  3 Hagerstown. M							
d. NAME OF HOSPIT OR INSTITUTION Washi	d. STREET	/d. STREET ADDRESS 720 Potomac Ave							
3. NAME OF DECEASED (Type or print)	LUTHER	rst	Middle GEOR GE	COSS	st	4. DATE OF DEATH	Month Ipril	Day	Year 19 <b>59</b>
s. sex male	6. COLOR OR RACE White	7. MARRI WIDOWE	ED NEVER MARRIED DIVORCED		White			ER I YEAR IF U	
10a. USUAL OCCUPATION during most of work Roofer 13. FATHER'S NAME	DN (Give kind of work king life, even if retired	done 10b. I	CIND OF BUSINESS OR IN		shing	ton Co.,	Maryland	U.S.	A .
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1S. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s		14-09-2476	7. INFORMANT William	C. Cos	ss Hag	Address gerstown,	Marylan	ıd
Conditions, if o gove rise to it couse (o), stoting lying couse lost.  PART II. OTH  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	mmediate the under-	)/	PARIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMI	A disease con	NOTION GIVEN IN P.	PE	AS AUTOPSY REFORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		RIBE HOW INJURY OCCU						
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yei 19	While	JURY OCCURRED 20e. Not while of work	PLACE OF INJURY ( factory, street, offic	(Home, form e bldg., etc	20f. (City or to	wn)	(County)	(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Removal (Specify)	CHARD T. B	1959 1 T	22c. NAME OF CEMETER	M.o. 1135  HAGE! Y OR CREMATORY	2:40 F	ADDRESS (Street, of AAQ AYENG)  No. Mag. 22d. LOCATION	e causes and on city or town, state)	the date st	
Burial 23 FUNERAL DIRECTOR Suter Change	s signature er Funeral	Home	ADDRESS Hagerstown	Cemetery		Hagers D BY REGISTRAR R 1 0 '59	24b. REGISTRAR'S	0 11	and

	ST STROMITLA	S-HUJANH SO TE		MARYIAM	
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B. CITY OR TOWN		Weslein Md. Hosp. MARYLAND	Manyland	
B. CAUSE OF PRATH   Enter only one country   Due to	ŀ	c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)
d. NAME OF ICOSPTIAL IT FOOT IN DOCIDIO. IN SUPER MARRIED AND A STREET ADDRESS  NOME OF INSTITUTION  WELLOW N.J. HOSP.  13. RAMEO FIRST  First  Middle (1) PO DECARGE (1) P		11 + NI-1	Billimore 3vo	1-16 1
NAME OF DEATH   STORY   STORY		d. NAME OF HOSPITAL (If not in hospital, give street address)		e. IS RESIDENCE
DECEASED POPULATION (Give hind of work adme) 10. NEVER MARRIED (2) At DATE OF BIRTH  (1) Open and the standard of the control			2644 Edmondson Ave	
DIVORCED SC Yr.  100. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY ALL BETWEEN SC Yr.  113. FATHER'S NAME  WAGA COX  115. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  WAGA COX  115. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  PART I. DEATH WAS CAUSED BY, AV WAS AUTOPSY FOR IMMEDIATE CAUSE (o) TO Conditions, if only, which gove risk to immediate DUE TO gove risk to immediate DUE TO (b). Only (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	-	DECEASED 3 A LL C	OF ACOUS	7 50
100. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stoke or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECRAFORER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  18. CAUSE OF DEATH [Enter only one country fine for (o), (b), and (c).]  18. CAUSE OF DEATH [Enter only one country fine for (o), (b), and (c).]  19. COUNTRY WAS UNDERVINO [O)  19. Conditions, if only, which gave it is to immediate count (o), inding the under.  10. Inding the under.  10. DUE TO  11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) [19. WAS AUTOPSY PERFORMED? YES, ON O]  20. ACCIDENT WAS UNDERVINO [O)  21. I certify that I attended the deceased from MIRE 20. 19.59, to 10.  22. I LIMPSY ALEXAMINER [O)  22. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  22. I certify that I attended the deceased from MIRE 20. 19.59, to 10.  22. I LIMPSY ALEXAMINER [O)  23. FURGER AND	5. 5	Miles de la	M 17 100 A 440 lost birthdoy) Months	
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The control of the		Waight Cox	Mariah Cox	
18. CAUSE OF DEATH   Enter only one cause for line for (o), (b), and (c).]			NFORMANT Address	
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alive an APR. 3, 1959, and that death accurred at \$55AM, from the causes and an the date stated above APPRESS (Street, city or town, slote)  ACTUAL SIGNATURE MARKETO R. LARDIZABAL MD HAGEL 5759  PHYSICIAN'S EVARISTO R. LARDIZABAL MD HAGEL 570WM, MAKE (Type) EVARISTO R. LARDIZABAL MD HAGEL 570WM, Or county) (Stote)  220. BURIAL CREMATION, REMOVAL (Specify) 48/49 MALCONAMY CEMETERY OR CREMATORY AND MAKE (Type) EVARISTO RESISTANTIAL MARKETON AND MAKE (Type) 240. REGISTRAR'S SIGNATURE  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	~	4440 24	1 1050 KAD. 3 1000	i .
ACTUAL SIGNATURE EMPLOYED R. NON AND SIGNATURE PHYSICIAN'S EVARISTO R. LARDIZABAL MD HAGE STOWN, MA.  220. BURIAL, CREMATION, REMOVAL (Specify) 48/49 22C. NAME OF CEMETERY OR CREMATORY AND		The deceased management of the deceased manageme	The state of the s	
ACTUAL SIGNATURE MICROSTO R. LARDIZABAL MD. 1500 POUNSY VALLE SOL 4/3/59  PHYSICIAN'S EVARISTO R. LARDIZABAL MD HAGEL STOWN, Md.  220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 48/49 PALCOLVARY CEMETERY OF CREMATORY ADDRESS  23. FUNERAL DIRECTOR'S SIGNATURE.  240. REC'D BY REGISTRAR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE		alive an / / A o o o o o o o o o o o o o o o o o		date stated above
PHYSICIAN'S EVARISTO R. LARDIZABAL MD HAGEL STOWN, Mac.  220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 48/49 ALCOLVARY COMETANY AND ADDRESS  23. FUNERAL DIRECTOR'S SIGNATURE  240. REC'D BY REGISTRAR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE	-	ACTUAL Hus needs I N anduckel	A- i	10. 4/3/10
220. BURIAL, CREMATION, REMOVAL (Specify)  4/8/49  220. NAME OF CEMETERY OR CREMATORY  Control  And Colvery  Control  Co		SIGNATURE (IN COURT O CO. CO. CO. CO.	M.D. TOO I COUNTY TO AND A PRO-	72/27
REMOVAL (Specify) 4/8/19 Mt. Colvary Cometany Anni Mount of County tild  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE  APR 759  Contain 1 to 100		PHYSICIAN'S EVARISTO R. LARDIZABAL	MD Hagerstown	md.
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE  APP 7 759  Carbary 2 46. REGISTRAR'S SIGNATURE	220	DEALOYAL /F		(Stote)
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Burid 4/8/19 Mt. Colvary	Cometany Handfoodel Cour	ity tild
Holsten & Morch 928 E. North HVE. DATE ATT 38 CHIMA & Think	23.		240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
	-	Holskad-Moid 928 E. North Hve	DATE MEN 1 39 Cultury	d. Tomal

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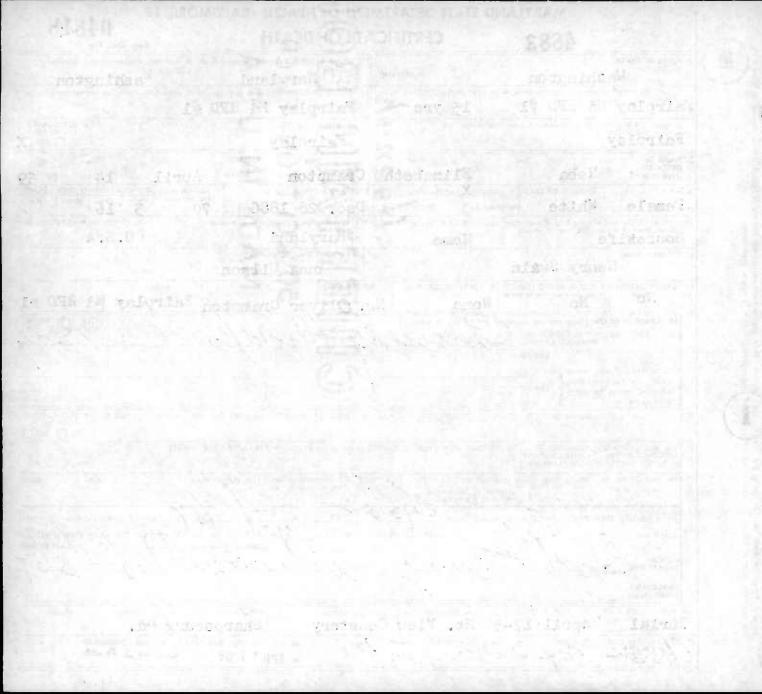
#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

4222

()4818 Reg. Dist. No.

2000	reg. Dist. 140.
1. PLACE OF DEATH o. COUNTY Washington MARYLANE	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN It   15 yrs	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  X Fairplay Md RFD #1
d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  Fairplay	d. STREET ADDRESS Fairplay  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print) Reba First Middle Elizabeth	Crampton  4. DATE Month Day Year OF DEATH April 14 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	lost birthdoy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	DUSTRY 11. BIRTHPLACE (Stote or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?  U. S. A
13. FATHER'S NAME Henry Swain	14. MOTHER'S MAIDEN NAME Anna Wilson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or Mawn) (If yes, o've wor or doles of service) None	Mr. @liver Crampton Fairplay Md RFD #1
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stating the <u>under:</u> lying couse last.  Part It OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CATIC	PERFORMED? YES NO RRED. (Enter noture of injury in Port I or Port II of item 18.)
-	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or town) (County) (Stote)
21. I certify that attended the deceased fram. 27.  alive on	ath accurred at ADDRESS (Street city or tawn, state)  M.D. ADDRESS (Street city or tawn, state)  M.D. ADDRESS (Street city or tawn, state)
220. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERS Mt. View	Cemetery Sharpsburg Md.
23. PUNERAL DIRECTOR'S SIGNATURE Williamsports	DATEAPR 1 7 '59 246. REGISTRAR'S SIGNATURE



# eral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death: Page 4 the Affect of the desired of the desired of the offending physician and completely filled in by the Affect his certificate has been signed by the offending physician and completely filled in by the acted for use as the burial-transit permit. Then please remove corban papers. Pages I and 2 shall be acted for use as the burial-transity and an event within 72 hours after death. ached for use os the burial-transit the registrar priar to buriol, crematian, or removal, on

A page 3 should be relained by 10/21 NO 11/21 NO page 3 should be

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4827

#### **CERTIFICATE OF DEATH**

04819

)	o. COU	OF DEATH	ich: +	11	MAR	YLAND 2	o. STATE	where deceased live	d. If institutio b. COUNTY	n: Residence	before admi	ssion)
/	b. CITY	OR TOWN (If	outside corperate li	mits, write	c. LENGTH OF STAT	( IN 1b	c. CITY OR TOWN (IF	outside corporote	limits, write RL	JRAL and gir	re nearest tow	rn)
	/	MAGER:	STOWN	25m2	3 days		FREDERIC	K	1	0-11-	2	
1	OK	NE OF HOSPITA	NL (If not in hospital,  N Md Sta	give street of	oddress)		406 BROA	dwar			ON	SIDENCE A FARM?
ð	3. NAME DECEAS (Type o	SED	Magai	First /	Middle	10.	Lost	4. DATE OF	Mont	h	Day	Year
	5. SEX	n printy	6. COLOR OR RACI	7 44000	ED X NEVER MARR		ATE OF BIRTH	DEATH A	GE (In years	IE LINIDER 1	YEAR IF UNI	1939
	MA	18	COLOR	WIDOWE			AN. 7 188	2	ost birthdoy)  77 yrs.		Pays Hours	-
	10a. USUA during	ML OCCUPATIO	N (Give kind of woring life, even if retire	k done 10b. I	ARMINESS OF	OR INDUSTRY	11. BIRTHPLACE (Stot	e or foreign country	vl .	12. CITIZ	EN OF WHA	T COUNTRY?
	13. FATHER	R'S NAME	· K	/	AICMINE	1	4. MOTHER'S MANDEN	NAME		10.	J. M.	
	Mo	SES C	ROLLWE	11	<b>T</b>		SAlliE F	RVE	UN	KNO	UN	
	(Yes, no. or s	unknown) (I	IN U. S. ARMED FC		SOCIAL SECURITY NO	). 17. INFO	PRMANT	0	Addre	ess		
		0										
	IIB. C.		H WAS CAUSED BY IMMEDIATE CAUSE	. 11	RFMIA	).]					ONSET AN	
	14	20.1	DUE 1							TO M		1-
1		ditions, if on		(b) £ 53	ENTIGH 1	PASCE	LAR HYP	ERTEN.	SION		unk	NOWN
1	couse	e rise to in e(o), stoting t	DUIE T	o			//					
ø		couse lost.	)	(c)							T.	
2	CATION CO	PRONA	1R4 Ath2	EROSO	CLEPOSIS	LZ/	TRELATED TO THE TERM	hrouh o	S/S	IN IN PART	PERF	GRMED?
	20g. A OR CO (IF EIT	ACCIDENT WAS	UNDERLYING DEATH	20b. DESC	RIBE HOW INJURY	OCCURRED. (	Enter nature of injury in	Port I or Part II o	f item 1B.)			
	₹ 20c. TI	ME OF INJURY Hour o. m. p. m.	Month, Doy, Y	While	Not while	20e. PLACE foctory	OF INJURY (Home, for y, street, office bldg., e	m, 20f. (City or fel.)	own)	(Co	uniy)	(Stote)
	21. 1	certify the	at I attended th	e decease	ed from APRIL	6	, 1959, to A	PPIL 9	19.59	,that I la	st saw the	deceased
	alive	an APR	149	196	9, and the	t death a	curred at 7:40	AM, from th			date stat	ed abave.
V	ACTU	AI 9		7.0	1 , ,	1	1500 Th	ADDRESS (Street,	city or town, s	totel		ATE SIGNED
1	SIGNA	ATURE 164	vaus 10	K. X	andyour	M.D	1500 /21	CHSYLUAX	VIA A	12	77	10-57
	PHYSI	CIAN'S E	LARISTO	R.L	A Ddizab	16	HAGER	four	111			
		DVAL (Specify)	4-/3-	59	FILATOMU	STERRY OR C	REMATORY Med.	22d. LOCATION	(City, town, or	r county)	Ind Sto	ite)
	23. FUNER	AL DIRECTOR'S	SIGNATURE		ADDRESS	7000	24a. REC	D BY REGISTRAR	24b. REGIS	TRAR'S SIGN	NATURE	
							DATE	APR 1 4 '59	C	willing &	Krauge	

	BI THOMITE SHEET OF HEALTH SECTION BEAUTION	HALE UNDER THAM
	CERTIFICATE OF DEATH	
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TO HOSPITAL OR A may be retained TO FUNERAL DIRE

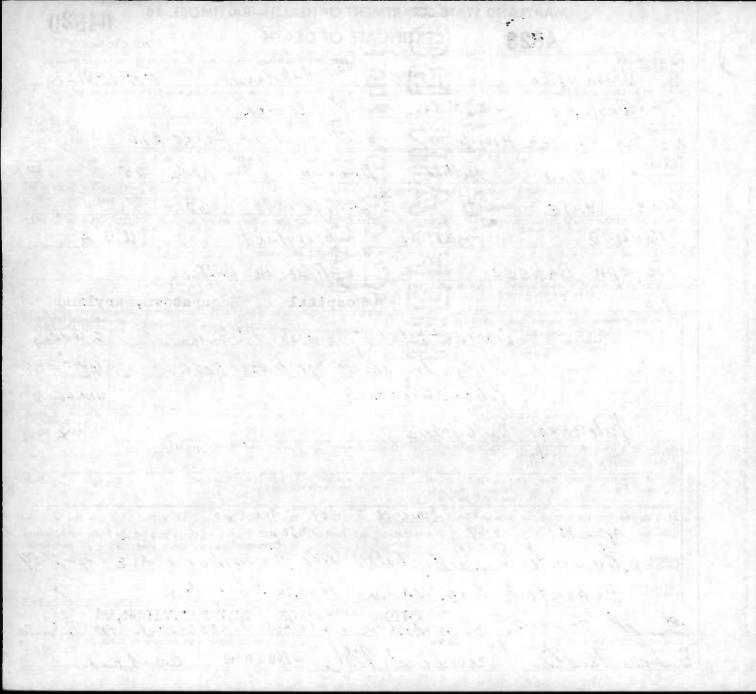
VS A15 (4) 15M 9/58

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04820

	4828	CERTIFICA	ATE OF DEATH	1	Reg. Dis	t. No.
o. COUNTY WAShin		MARYLAND	2. USUAL RESIDENCE (WHO a. STATE ARY)		If institution: Residence.	e before odmissian)
b. CITY OR TOWN (If outside RURAL and give nearest tow	UN N	c. LENGTH OF STAY IN 16	FRELERI		nits, write RURAL and g	ive nearest town) V
d. NAME OF HOSPITAL (IF not OF INSTITUTION WES TERN MA	01 1 11.	address) PITAL	d. STREET ADDRESS.	uzch Rd.	Rt. 340	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print)	First	LuthER Middle	DANNER	4. DATE OF DEATH A	PRIL 25	Day Year 1959
MAIE Whi	TE WIDOW		8. DATE OF BIRTH 5877, 19 18	95 9. AG	Byhday) Months yrs.	1 YEAR IF UNDER 24 HRS Doys Hours Min.
10a. USUAL OCCUPATION (Give during most of working life, of FARMER)	kind of work done 10b.	FARMING	MARYIA	INd	12.CITIZ	S. A
JOSEPH	DANNER		14. MOTHER'S MAIDEN N	th Daff	ELL	
1S. WAS DECEASED EVER IN U. S (Yes, no. or unknown) (If yes, give	war or dates of service)	SOCIAL SECURITY NO.	Hospital	Hage	Address rstown, Ma	ryland
18. CAUSE OF DEATH [Enter PART I. DEATH WAS IMMEDI.		ine for (0), (b), and (c).] VHURAT Lohule	R PNEAMONIA	bilatera	1	INTERVAL BETWEEN ONSET AND DEATH A WEEKS
526 X Conditions, if any, which		ultiple Long Al	ACESS IELT TOO	wer Log	SE.	GWEEKS
gove rise to immediate couse (a), stating the under lying couse last.	le DIETO	nonehiset.	asis			UNRNOWN
~ /// /	11401 9	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	LYING TO 206. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in	Part I ar Part II of i	tem 18.)	
20c. TIME OF INJURY Month Hour a.m. p. m.	While		ACE OF INJURY (Home, form ctory, street, office bldg., etc	20f. (City or tow	(C	ounty) (Stote)
21. I certify that I att	4 44		19 <i>59</i> , to <i>A</i>		*	st saw the deceased
ACTUAL SIGNATURE LOWOR	usto R.	Larkenbel		ADDRESS (Street, ci		DATE SIGNED
PHYSICIAN'S FUA	esto R.	LANdiesba	L Hagen	town,	4d.	
22a. BURHAL, CREMATION, 22b.	DATE THEREOF	22c. NAME OF THE TENT	OR CREMATORY NION	22d. HOGANONAL	TTSVILTE,	Md (State)
23. FUNERAL DIRECTOR'S SIGNA	TURE B	ADDRESS	Md 240. REC' DATAPE	D BY REGISTRAR	24b. REGISTRAR'S SIG	



MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIM	ORE,	18
,					/	

04821

24b. REGISTRAR'S SIGNATURE

arthur & Kraus

240 REC'D BY REGISTRAR DATE APR 2 9 '59

CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Washington Md. Wash. b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Hagerstown Hagerstown d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 1108 Carroll Hgts. Blvd. 1108 Carroll Hgts. Blvd. YES NO TA NAME OF Middle 4. DATE Month Yeor DECEASED (Type or print) DEATH Marv Elizabeth Duffey 26 19 59 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH lost birthday) Months female white DIVORCED T July 2, 1884 74 yrs. WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most af working life, even if retired) Southern Shoe Co. USA retired Hagerstown, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Sayles George Duffey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 214-09-3797 George Knott Hagerstown. Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intra-abdominal, cervical, and pulmonary 6 wks DUE TO metastasis 200,1 (b) Lymphosarcoma, left inguinal region Conditions, if ony, which 6 months gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Arteriosclerotic & Hypertensive cardiovascular disease YES NO X 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Nat while ot work ot wark 21. I certify that I attended the deceased fram NOV. 1958 ta April 26 1959, that I last saw the deceased \_, and that death accurred at 7:45 M, fram the causes and an the date stated above. alive on April ADDRESS (Street, city or town, state) ACTUAL M.D. 100 Professional Arts Bldg. 4/ NAME (Type) William T. Layman. M.D. Maryland Hagerstown 22g. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) REMOVAL (Specify) -29 - 59Rose Hill Hagerstown, Md. burial

ADDRESS

Hagerstown, Md.

VS A15 (4)

15M 9/5B

23. FUNERAL DIRECTOR'S SIGNATURE

Fred W. Kraiss

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## FOR STATE HEALTH DEPT.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4831 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04822 Reg. Dist. No. 302

1. PLACE OF DEATH					O.STATE .			sed lived. If inst		dence be	fore admi	ission)
Washing			MARYL		Mary.			Washin				
and give nearest town)		RURAL	c. LENGTH OF STAY II	N 16				porote limits, wri	te RURAL a	nd give n	earest to	wn)
Hager	stown		5 Yrs		03 H	agera	stown					
d. NAME OF HOSPITA	L OR INSTITUTION (	f not in hos	pital, give street address	)	d. STREET A							A FARM?
1033 Ma:	In Ave				1033	Mair	n Ave	)				] NO 🔯
3. NAME OF DECEASED (Type or print)	MATTIE C	HR <b>I</b> S'	TMAS OCKE	ER *	DYE		4. DATE OF DEATH	April	24 1	9 59		fear 19
5. SEX	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIED	□ 8. D	ATE OF BIRTH			9. AGE (In years	IF UND	R TYEAR	IF UND	ER 24 HRS.
Female	White	WIDOWE	DIVORCED	D	ec 25	1892	2	for birthday) 66 yrs	Months	Days	Hours	Min.
100. USUAL OCCUPATION during most of working Seamstr	life, even if retired)		tired		Moun to	ainda	ale F		0 12. 0	USA		COUNTRY
	Toton			1		Cle					`	
Joseph 15. WAS DECEASED EVE		ecces la	SOCIAL SECURITY NO.	17 1018	DRMANT	010.	564	4.11				
	(If yes, give war or dates of		SOCIAL SECURITY NO.			Ocke	r 77	Devons		Rd		
	H [Enter only one cou	l line	for (a) (b) and (a) ]	10011			stowi				RVAL BETWI	Prai .
	H WAS CAUSED BY:	se per mie								ONS	ET AND DE	ATH
	IMMEDIATE CAUSE (0)		Acute ce	rebra	1 hemo	rrhag	e			m	inut	es_
331X	DUE TO											
Conditions, if an												
(o), sloting the u												
cause lost.	) (c)											
PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUTNO	T RELATED TO	THE TERMII	NAL DISEAS	E CONDITION G	SIVEN IN PA	RT 1(0) 1	PERFO	AUTOPSY PRMED?
3	non										YES 🗌	NO 🔀
PART II. OTH  200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	TRIBUTING 🗆		e how injury occuri None	RED. (Enle	er nature of in	jury in Port	l or Part II	of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year None 19	Will	INJURY OCCURRED 20 Pork at work 2	factory	of INJURY (Former of Indiana)	lome, form, bldg., etc.)	20f. (Cit)	y or town)	- (C	ounty)	-	(Stote)
21. I certify th	of I took charge	of the	remoins described	obove	, held an	Autopsy	/ R. I	nspection [	], Inqu	iry 🔲	, an	d in my
opinion death	resulted from: 1	Noturol (	couses X. Accid	ent 🔲	, Suicide	e □, ⊦	łomicide	, Unde	termined	monne	er 🗌	
ACTUAL SIGNATURE	, Poles	7	Well	0	W.D.		AMINER [				DATE S	SIGNED
EXAMINER'S NAME (Type)	S	. Rob	ert Wells,	M.D.			XAMINER [	_	2	1-25-	-59	
220. BURIAL, CREMATIO	N. 226. DATE THEREC	F	22c. NAME OF CEMETE	RY OR CE	REMATORY		22d. LOCA	TION (City, lown	, or county		(Stat	e)
Burial (Specify)	1/27/59		Rose Hil	1 Ce	meter	У	Hage:	rstown	Wash	. C	o Mo	
23. FUNERAL DIRECTOR	S SIGNATURE	5-74	ADDRESS			24a. REC'E	BY REGIST	RAR 24b. REG	GISTRAR'S S		RE	
Andrew K	Coffmar	Hag	erstown M	d.	ito di	DATEAPR	2 8 '5	9 a	situr &	Krace	4	
Bod to the state of the state o										THE REAL PROPERTY AND ADDRESS OF THE PERSON.	W.	

TO DEPUTY MEDICAL EXAMINER: This certificote should be executed within 24 hours after death. If any delay is necessary, please execute the certific, writing the word "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death. VS. A15ME 5M 2/57

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### FOR STATE HEALTH DEPT.

Page files. Health,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4831

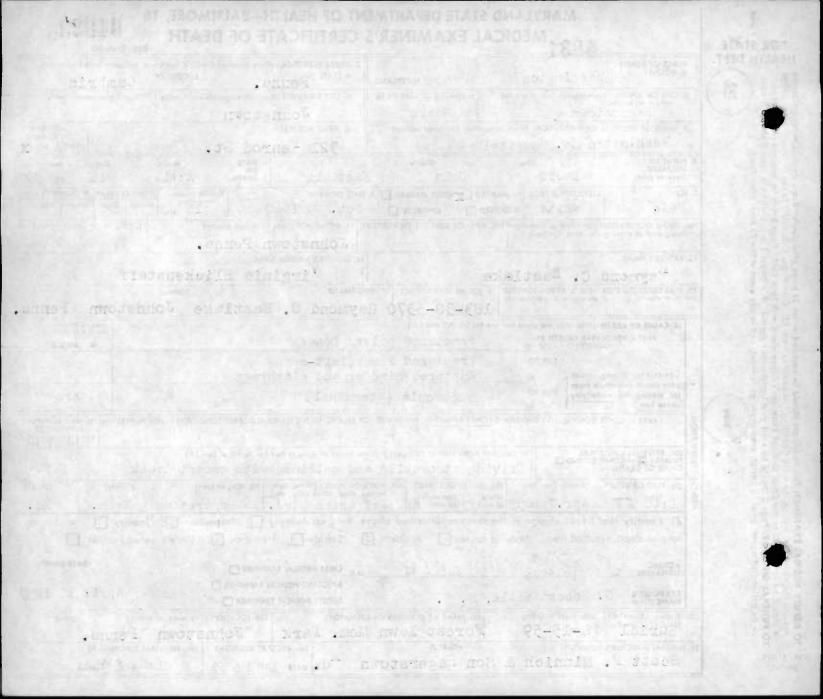
04823 Reg. Dist. No.

o. COUNTY	Washington		MARYLAND	o. STATE PORT	Where deceased live	b. COUNTY	on: Residence Camb		ission)
and give nearest	N (It outside corporate limits, write town)	RURAL C. LENGT	H OF STAY IN 16	c. CITY OR TOWN (III		limits, write R	O COLDINA	7220	wn)
	erstown SPITAL OR INSTITUTION (			d. STREET ADDRESS	stown	10	X-3	15.8	RESIDENCE
	igton Co. Hos		ineer oddress)	20- D	rod St.			ON	A FARM?
3. NAME OF DECEASED (Type or print)	David	John	Middle	losi Eastlake	4. DATE OF DEATH	Month April	D	1.3	Yeor 19 59
5. SEX	6. COLOR OR RACE	7. MARRIED THEY	ER MARRIED B.	DATE OF BIRTH	9. AC	E (In years	FUNDER TYE	AR IF UND	ER 24 HRS.
Male	white	WIDOWED [	DIVORCED 🔲	Oct. 29 194	O last	18 yrs.	Months Doys	Hours	Min.
100. USUAL OCCUP/ during most of wo	ATION (Give kind of work orking life, even if retired)	done 10b. KIND OF BU	ISINESS OR INDUST	Johnstow			12. CITIZEN	OF WHAT	COUNTRY
13. FATHER'S NAME			6-1-1-	14. MOTHER'S MAIDEN N	NAME				
Raymo	ond C. East	lake		virgi irgi	nia Bli	ckens	taff		
15. WAS DECEASED	EVER IN U. S. ARMED FO		CURITY NO. 17. IN	IFORMANT TY		Address			
		183-30	0-5370 R	aymond C.	Eastlak	e Jo	hnstor	m I	enna
A CONTRACTOR OF THE CONTRACTOR	DEATH [Enter only one cou DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Frac	ond (c). } tured pel	vic bones			0	HERVAL BETWAND DE	
8161			tured Fem	ar(left-open	)				
	f ony, which) (b)			der and diapl	*				
(e), stoting the	mediate couse	Pneu	monia ( t					14hr	8
PART II.	OTHER SIGNIFICANT CON	DITIONS CONTRIBUTION	G TO DEATH BUT N	OT RELATED TO THE TERMI	INAL DISEASE CON	DITION GIVE	N IN PART 1(o		AUTOPSY DRMED? NO
	CONTRIBUTING			nter noture of injury in For and collided			uck		
20c. TIME OF IN 1:40 p.	-		white facto	E OF INJURY (Home, form ry, street, office bldg., etc. fferson Blvd		rstown	(County) Wast	1.	(State) Md •
21. I certify	that I taok charge	of the remains	described aba	re, held an Autaps	y . Inspec	tion Z.	Inquiry [	], an	d in my
opinion dea	th resulted from: 1	Natural causes	]. Accident [	Suicide [], 1	Hamicide,	Undeterr	mined man	ner 🔲	
ACTUAL SIGNATURE_	S. Pole	i/ wel	2lo	_M.D. CHIEF MEDICAL EX	(AMINER 🗍			DATE	SIGNED
EXAMINER'S NAME (Type)	S. Robert W	ells, M. D	•	ASSISTANT MEDICAL			Apı	cil 12	2 1959
220. BURIAL, CREMA	110N, 22b. DATE THEREO		of CEMETERY OR	Mem. Park	John	City, town, or stown	Penr	(Stat	•)
23. FUNERAL DIRECT		& Son Ha		- WL	D BY REGISTRAR		RAR'S SIGNAT	URE	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nec execute the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral did 4 should be far. Page 1, 2, and 3 to the funeral did 4 should be far. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boot or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death. VS. A15ME 5M 2/57

2

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VS A15 (4) 15M 10/57

04824

o. COUNTY o. COUNTY	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased lived	l. If institution: R b. COUNTY	1000	dmission)
b. CITY OR TOWN (If outside carporate limits, write	c. LENGTH OF STAY IN 16		(If outside carporate li	mits, write RURAL	L and give nearest	town) / V
RURAL ond give neofest town)	340 4 weeks	Come	berland	/	0112	2
d. NAME OF HOSPITAL (If not in hospital, give street a	2 /	d. STREET ADDRES	SS			RESIDENCE
Williams port Sanite	RIUM	Windsor	Hotel, B	alto. S		S NO A
3. NAME OF First	Middle	Last	4. DATE	Month	Day	Year
(Type or print) JAMES	Franklin	EYMAN	OF DEATH	April	26	1959
5. SEX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED	B. DATE OF BIRTH	9. AC		INDER TYEAR IF L	JNDER 24 HRS.
male white WIDOWE	D DIVORCED	July 14, 186	66	d birthday) Ma	onths Days Ho	ours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 17. BIRTHPLACE (	State or foreign country	) 1	12. CITIZEN OF W	HAT COUNTRY?
	Laundry	Willian	nsport, 1	A.	U.S.A	
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME			
John Eyman		Mary	wayne	2		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17. I	NFORMANT		Address		
No	None Mr	. C. Wayn	e Eyman I	Pittsbu	rg, Pen	ına.
18. CAUSE OF DEATH [Enter only one cause per line	e far (a), (b), and (c).]					L BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	In Lactous	Henat:	tus		UNSEL	AND DEATH
092 X DUE TO					-	
Canditians, if any, which					19-17	
gave rise to immediate DUE TO						
lying couse last. (c)	\					
	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE CON	DITION GIVEN I	N PART 1(a) 19. W	VAS AUTOPSY
13 Refractile Anemia	- Cy	stitus (	Chronic			ERFORMED?
	RIBE HOW INJURY OCCURRE	D. (Enter nature of injur		item 18.)		
		ACE OF INJURY (Home, ctary, street, affice bldg.	form, 20f. (City or to	wn)	(County)	(State)
Hour a.m. 19 While of wark	Not while	cidry, sireer, difficulting.	., e.c.,			
21. I certify that I attended the decease	ed fram Aug	1 19.58. to.	Horil 26	19.59 th	at I last saw	the decensed
alive an Horil 24 19		accurred at 6				
	0-4	_	ADDRESS (Street,			DATE SIGNED
SIGNATURE ME TOUS	went	M.D. 284	2 Poton	261	4	1-26-5
PHYSICIAN'S Max E	Byrkit	Will	omspor	+	Md	
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY		(City, town, ar co	iunty)	(State)
Burial 4/29/59	Rose Hill	Cemetery	Cumber	rland,	Marylan	ıd
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240.	REC'D BY REGISTRAR	24b. REGISTRA	R'S SIGNATURE	
Charles L. George (	Cumberland,	MQ. DATE	APR 3 0 '59	and	Lun S. Kraus	

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THE RESERVE OF STREET				
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a region of their Part of	AT LEVER A BASIN			Carried to
			S. M.	
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MARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH-	BALTIMORE,	18
7000					

04825

			002	CERT	IFIC	ATE OF E	DEATH	1		Reg.	Dist. No	. 3	02
	PLACE OF DEATH	hington		MAR	YLAND	o STATE	DENCE (WH		lived. If institu b. COUNT	v -	dence befo		
1	b. CITY OR TOWN (IF RURAL ond give ne Hagerstow		ts, write	c. LENGTH OF STAY			TOWN (If o		ote limits, write	RURAL o	nd give ne	arest tow	n)
	d. NAME OF HOSPITA OR INSTITUTION 120 North	AL (If not in hospitol, g	jive street	oddress)		d/STREET A		rth Av	e.			ON	SIDENCE A FARM? NO
3.	NAME OF DECEASED (Type or print)	LAURA Fin	st	Middle RAGAN		FOCK		4. DATE OF DEATH	April	onth	D		Yeor 19 <b>59</b>
	emale	6. COLOR OR RACE White	7. MARI	RIED NEVER MARR	-	B. DATE OF BIRT			9. AGE (In years lost bighdoy) yrs	Month		Hours	Min.
S	during most of work aleslady	N (Give kind of work ing life, even if retired	)	KIND OF BUSINESS C eat Market	OR INDI	Wilse	on, Ma	arylan		12.	U.S.		T COUNTR
13.	FATHER'S NAME Ge	orge S. Fo	ckle	r		14. MOTHER'S		K. MI	tchell				
15. (Ye		IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO. 214-09-1883		Miss. Be	ssie l	M. Foc		dress	stown	, Md	•
		IH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO  y, which mediate	Rh	ne for (o), (b), ond (c) eumatic I	,	rt Disea	ase.				ON		rs.
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	None.	ATH BU	T NOT RELATED TO	THE TERMI	INAL DISEASE	CONDITION G	IVEN IN I	PART 1(0)	PERFO	AUTOPSY ORMED? NO
CERTIFI	20a. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY)	☐ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY C	CCURR	ED. (Enter noture o	f injury in I	Port I or Port	II of item 1B.)		in T		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	or 20d. I While of wor		20e. P	LACE OF INJURY ( octory, street, office	Home, form bldg., etc.	, 20f. (City	or town)		(County)		(Stote
	21. I certify the alive on ADI  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	ril attended the	6	ed and that	deat	.8 , 19 56 h occurred at M.D. 119	Nor	M, fram ADDRESS (Str	the causes et. city or town	and and store) St.	n the do	ite stat	ed abay
220	BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREC	)F	22c. NAME OF CEM		OR CREMATORY	, 02 50		ION (City, town,		(y)	(Sto	te)
	Burial	4/16/195		St. Paul	L	metery		St.	-	UCTO A CLC		ylan	d
234	uter-Rouz	signature er Funeral	Home	TIO CO COST		Manage 1		PR 1 6 'S	- 0	-	SIGNATU		

Hagerstown, Maryland DATE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death: Page 4 VS A1S (4) 1SM 10/S7

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORY, 181 TO 1925.

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7.022 CEDTIEICATE OF DEATH 04826

	3000	CERTIFICA	AIL OI DEAI		Reg. Dist. No. 3UZ
1, PLACE OF DEATH o. COUNTY	hington	MARYLAND	I o. STATE	here deceased lived. If institution b. COUNTY	n: Residence before admission) Washington
b. CITY OR TOWN RURAL and give r Hagerstow		c. LENGTH OF STAY IN 16	0	outside corporote limits, write RU	RAL and give nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, give stree ranklin Street	t address)	d. STREET ADDRESS	builford Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	HORACE First	Middle	FOGLE	4. DATE Month	27 Year 19 59
5. SEX male		RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH November 27,	a lost highday	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
10a. USUAL OCCUPATI during most of wor Barber	ON (Give kind of work done 10th rking life, even if retired)	o. KIND OF BUSINESS OR INDU	and the second s	or foreign country) Maryland	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
	Roy I. Fogle		Mi	riam E. Forema	n
15. WAS DECEASED EV (Yes. no. or unknown)	Ilf was own way or doter of secural	2// 2/ 2222	informant irs. Dorothy I	Addre ogle Hagers	
1420.0	ATH [Enter only one couse per ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	oro nery	thromb	. 11.50	INTERVAL BETWEEN ONSET AND DEATH 7717 17 10 6 5
Conditions, if a gove rise to couse (o), stoting lying couse lost.	the under-	A rterio sc	lerotic H	eart Disease	7+1-1
PART II. OT	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	linal disease condition give	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING 20b. DE G CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Port I or Port II of item 18.)	
Y 20c. TIME OF INJU Hour o. m. p. m.	While		LACE OF INJURY (Home, forn octory, street, office bldg., etc	n, 20f. (City or town)	(County) (State
21. I certify to alive on 4	hat I attended the deced -25,19	sed fram 16-3   59, and that death	h accurred at		that I last saw the deceased and an the date stated aborditel)  DATE SIGN  1 + 4/27/5
PHYSICIAN'S NAME (Type)	Lloyd A.	HOFFman	Hag	eritoun,	Ind .
220. BURIAL, CREMATIC REMOVAL Specify BURIAL	ON. 226. DATE THEREOF 4/29/1959	Rose Hill Co	or crematory ()	22d. LOCATION (City, fown, or Hagerstown	r county) (Stote) Marylan
23. FUNERAL DIRECTOR Suter-Rouz	er Funeral Home	ADDRESS Hagerstown, 1		20 20 100	TRAR'S SIGNATURE

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 y the attending physicion and campletely filled in by the Then please remove corbon papers. Pages 1 and 2 sho event within 72 hours, after death. After this certificate has been signed by ached for use as the buriol-transit permit. TO FUNERAL DIRECT POGE 3 should be a TO HOSPITAL OR VS A15 (4) 15M 10/57

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the registror prior to burial,

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained to haspital or attending physician.

TO FUNERAL DIRECTAR: After this certificate has been signed by the attending physician and completely filled in by the report page 3 shauld be detached for use as the befinel-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or emitted and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/58

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4834

#### **CERTIFICATE OF DEATH**

1. PLACE OF DEATH a. COUNTY Washi	ngton	MARYLAND	a. STATE	here deceased lived. If institution b. COUNT		. 1
b. CITY OR TOWN ( RURAL and give n	If autside carporate limits, write	c. LENGTH OF STAY IN 16  1 Month		outside corporate limits, write	RURAL and give ned	arest town)
d. NAME OF HOSPI OR INSTITUTION Wester	TAL (If not in hospital, give street n Maryland Stat	e Hospital	d. STREET ADDRESS 1220 Wa	bash Avenue		e. IS RESIDENCE ON A FARM? YES NACE
3. NAME OF DECEASED (Type or print)	First 5cm	ue/ Henry	Fowler Jr	4. DATE MOF DEATH	pril 14	Yeor 1959
s. sex Male	6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH May 28, 190	9. AGE (In year last birthday 56 yr	rs IF UNDER 1 YEAR ) Manths Days	Hours Min.
10a. USUAL OCCUPATION during most of war Barbe	ON (Give kind of work done 10b king life, even if retired)	kind of Business or Indu		or foreign country)  1e, Wash. Co.	12. CITIZEN OF	WHAT COUNTRY?
13. FATHER'S NAME Samue 1	H. Fowler, Sr.		14. MOTHER'S MAIDEN N		•	
1S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)		Mrs. Irene C.	Fowler, 1220	Wabash Av	venue
	DUE TO  iny, which mmediate DUE TO	recisiona of etastasis		ina rt. lung	9 1910Nal	SET AND DEATH 4 days
PART II. OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT				
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Doy, Year 20d. While		D. (Enter nature of injury in ACE OF INJURY (Home, form ctory, street, office bldg., etc	n, 20f. (City or town)	(Caunty)	(Stote)
21. I certify the alive an	pril 14 , 19	sed fram March, 59, and that death	M.D. ZUESTETT	ADDRESS (Street, city or tow W Md. Statz	and an the date	
22a. BURIAL, CREMATIC	VICTOR L, K	22c. NAME OF CEMETERY O		22d. LOCATION (City, town		(Stote)
Burial  23. FUNERAL DIRECTOR	4/18/59	Lutheran Ce	metery	Bakersville.		Md.
		Hagerstown, Mar			hung S. Horaces.	

MATERIAL STATES Talkerioti pastil title i za trans . -- , --- , THE RESERVE SEE named makes with a state of the or and there AND RESIDENCE OF THE PARTY OF T The securitors of the contract of Service Services and the service of THE RESIDENCE OF THE PARTY OF T THE SHOP IN A SHOP IN A SHOP IN THE SHOP IN THE SHOP IN A SHOP IN ALORE T. MANUAL CO. 1 1994 " MINE LEXAL DESCRIPTION OF 9 9

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4835

**CERTIFICATE OF DEATH** 

			Keg. Dit	11. 110.
1. PLACE OF DEATH COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (When it is a ryland	washington	ce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside corporate limits, write RURAL and g	give nearest town)
Hagerstown	2 Hrs	03 Hage	rstown	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  Wash. County Hospi		d. STREET ADDRESS	t Franklin St	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF First DECEASED (Type or print) CHARLES	Middle ELLSWORTH	FRANK Sr	4. DATE Month OF DEATH April 6 1	959 19
5. SEX Male 6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH  June 6 1893	lost birthdoy) Months	Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Train Dispatcher	W. M. R. R.		or foreign country) Md 12. CIT 11s Hartford Co	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
William W. Frank		Florence	e Ginnimah	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give wor or dates of service)		ice M. Fran	Address ak 141 W Frankli	n St
18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY:	ne for (o). (b). ond (c).]	Hagers		INTERVAL BETWEEN
IMMEDIATE CAUSE (o)	ronary o	ausion	?	com.
420.0 DUE TO		001		1
Canditions, if any, which (b)	enlialze	Minos	lusin	5 yrs.
couse (o), stoling the under-	O			
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART	T I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Pa	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 White of worl	Not while foo	ACE OF INJURY (Home, form, street, office bldg., etc.)		County) (Stote)
21. I certify that I attended the decease	ed fram 3 - 1	. 19-58, to	4-6, 1959, that II	last saw the deceased
alive an 4-3 195		250	M, fram the causes and an th	
			DDRESS (Street, city ar town, state)	DATE SIGNED
ACTUAL Charles S. 1	Yess	M.D. Smit	tishing md.	4-9-5
PHYSICIAN'S NAME (Type)			Q'	5545
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town, or county)	(Stote)
Burial" 4/9/59	Rose Hill C	emetery	Hagerstown Wash	. Co Md
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D	BY REGISTRAR 24b. REGISTRAR'S SIG	SNATURE
Androw V Coffman Una	2 - 2 - 4	I APR	1 0 '59   Calles 9 4	4.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death has been signed by the attending physician and campletely filled in by intial-transit permit. Then please remave carbon papers. Pages 1 and 2 TO FUNERAL DIRECTORDES Should be VS A15 (4) 15M 10/57

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	The Van Transport of Telephone and Telephone Pro-
AND THE RESERVE OF THE AND DESCRIPTION OF THE ADDRESS OF THE	
	THE ST. STREET, SALES WITH THE PROPERTY OF

# TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 haurs offer death. Page 4 filed with erol director has been signed by the ottending physician and campletely filled in by vial-transit permit. Then please remave carbon popers. Pages 1 and 2 Then please remave carbon popers.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4835 **CERTIFICATE OF DEATH** 

()4829 Reg. Dist. No. 303

o. County Shing	ton	MARYLAND	2. USUAL RESIDENCE (V o. STATE Maryland	Where deceased	b. COUNTY Washin		before admis	ision)
	If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo			ve nearest tow	n)
Hager	stown	3 Yrs	03 Hage	rstown	1			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street	oddress)	d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
1032 Vi	ew St		1032 V	iew S	t			NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Moi	nth	Day	Yeor
(Type or print)	PETER	GUSTAV	FRITZE	OF DEATH	April	26 19	59	19
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1	YEAR IF UND	1
Male	White wipow	/ED DIVORCED	Dec 18 1	933	25 yrs.	Months D	Days Hours	Min.
10o. USUAL OCCUPATION during most of wor	ON (Give kind of work dane 10b	. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stot	te or foreign c	ountry)	12. CITIZ	EN OF WHA	T COUNTRY?
Student			Zullich	u Ger	nany		USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN			- 1 TA		
Ernest	t Fritze		Kather	ine K	lose			
15. WAS DECEASED EVI	ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT			lress		
Yes	Korean Wari	(8-26-0039 I	Ernest Frit	ze 10	32 View	St H	Roome	term
	ATH [Enter only one couse per I		Marv	land	02 1100		INTERVAL B	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Hodg K	ns Dis	ese			ONSET AND	DEATH
201 Y	DUE TO	11 1						
Conditions, if a	ony which )							
gove rise to i	immediate (							
lying couse last.	The Unger-							
	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINIAL DISEAS	E CONDITION OF	/ENI INI DART	May 10 WAS	AUTOPSY
ATIO			THE WEBSTED TO THE TEXT	WINIAUE DISEUS	E CONDITION OF	LEIA IIA LOVI	PERF	DRMED?
20g. ACCIDENT W	AS UNDERLYING   206. DE	SCRIBE HOW INJURY OCCURR	FD (Enter nature of injury in	n Port I or Port	t II of item 18 )		I TES [_	] NO []-
OR CONTRIBUTING	MEDICAL EXAMINER)							
			LACE OF INJURY IHome, for actory, street, office bldg., e		ar town)	(Co	ounty)	(State)
Hour o.m.	19 While of wo	Not while	ociory, sireer, office bidg., e	ic.)		3		
21 I certify th	hat, I attended the decea	sed from	0 195 to 6	en4 ?	6 10	that I la	ast saw the	dasaasa
alive an	you ( 25" / 19)	17, and that deat	70	. AA 6				
dilve dil	1 1717	7	n accorred di		n the causes of treet, city or town,			ed abave
ACTUAL A	il Alxist	lua	м.в. 159 W. Was					1./07
SIGNATURE	11/11/11		M.D. LOZ We Was	ourns oc	n ou ona	gersu	WII , Ma	-H-211
PHYSICIAN'S NAME (Type)	Philip J. Hi	rshman, M.D.						
220. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCAT	TION (City, town,	or county)	(Sto	te)
REMOVAL (Specily)	4/29/59	Rest Haver	Cemetery	Hage	rstown	Wash	co M	
23. FUNERAL DIRECTOR		ADDRESS		C'D BY REGIST		STRAR'S SIGN		u
ndrew K.	Coffman Hag	anatown Md	DATE A	BD 2 A 15	0			

TO FUNERAL DIRECTOR PAGE 3 should be the registror prior to VS A15 (4) 15M 10/57

		ASSURBED BEACH	
		THE PARTY OF THE P	
	A Long Park Comment of		
		THE RESERVE OF THE PARTY OF THE PARTY.	
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MEDICAL

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY ashington MARYLAND Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Yrs Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 800 So Potomac st Potomac St YES NO TXX NAME OF First Middle 4. DATE Year DECEASED April 1959 MOSES PHILIP (Type or print) GARONZIK DEATH 29 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Days Male White DIVORCED [ 85 WIDOWED [ 20 1873 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Russia Merchant Grocery gtore 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Singer Nathan Garonzik 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT -32-5425 Mrs Ida L. Garonzik 800 So Potomac No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] Hagerstown Md. ONSET AND DEATH Arteriosclerotic Cardiovascular Disease vears DUE TO

Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? None. YES NO NO

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.)

20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED Hour o. m Not while of work of work p. m

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.)

(County)

(Stote)

April 29, 1959 that I last saw the deceased 21. I certify that I attended the deceased from June . 19 56 ta , and that death accurred at  $4:00P_M$ , from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED North Potomac Street 5-1-59

ACTUAL PHYSICIAN'S R.A.B ell, M.D.

Hagerstown, Maryland,

220, BURIAL CREMATION 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Abraham Cemetery Hagerstown Wash ADDRESS 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

NAME (Type)

Andrew K. Coffman Hagerstown Md.

arthur & Krous

9 VS A15 (4) 15M 10/57

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	NASTLAND STATE DEPARTMENT OF HEATTH-BALLIMONES OF
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	and the language of the langua
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VS A15 (4) 1SM 9/58

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4833

CERTIFICATE OF DEATH

04831

		33	CERTITIO	CAIL	OI DEA			Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY W	ashington		MARYLANI	0	STATE Md		d lived. If instituti b. COUNTY		nce befo	re admiss	ion)
b. CITY OR TOWN RURAL and give Hager		its, write	c. LENGTH OF STAY IN 11	b 03	B Hagers		orate limits, write R	URAL ond	give nec	arest fown	1)
d. NAME OF HOSE OR INSTITUTION	ITAL (If not in haspital,		address)	1	d. STREET ADDRESS		Blvd.	LX,			FARM?
3. NAME OF DECEASED (Type or print)	Fii L	rst	Middle Keller		Garver	4. DATE OF DEATH	Mor	ith	29	,	Yeor 19 <b>59</b>
5. SEX male	6. COLOR OR RACE	7. MARR	IED MEVER MARRIED	-	TE OF BIRTH	36	9. AGE (In years lost birthday) 72 yrs.	IF UNDE Months	R 1 YEAR Doys	IF UNDE Hours	
10a. USUAL OCCUPAT during most of wa	orking life, even if retired	)	KIND OF BUSINESS OR IN tickells Mil		11. BIRTHPLACE (Sta		36.5	12. CI1		USA	OUNTRY
13. FATHER'S NAME	V (1.2				MOTHER'S MAIDER						
М	elchor Garv	er			Emma H	larbaug	h				
	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFOR			Add	ress			
no no	(If yes, give wor or dates of s		20-26-7461	Mrs.	Bertha	Jarver	Hagers	town	. Md		
Conditions, if gove rise to couse (o), stoting lying couse lost PART II. O	g the under-	:)	CONTRIBUTING TO DEATH E	BUT NOT	RELATED TO THE TEI	RMINAL DISEAS	E CONDITION GIV	/EN IN PA	RT 1(a) 1	9. WAS PERFO	RMED?
OR CONTRIBUTION	VAS UNDERLYING  IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUP	RRED. (En	ter nature af injury	in Part I ar Pa	rt II of item 18.)				
20c. TIME OF INJU Hour a, m p. m	. 10	ar 20d. It While at worl	Not while		OF INJURY (Home, fo street, affice bldg.,		y or town)		(County)	#	(Stote
actual signature Physician's NAME (Type)	Canyl C	A.	ed fram. Jun.  9, and that dec  HOFFM  122c. NAME OF CEMETER)		214	DM, from ADDRESS (S N. P		id on the stote)		stated	d above re signer 30/
burial Specif	y) 5-1-59		Rose Hill			Hag	erstown			Md	•
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	0,11		EC'D BY REGIS		STRAR'S S	IGNATU	RE	
Fred W. K	raiss Hag	ersto	wn Md		Direl	MAY 4 "	59 0	Thur I	the.	. 4	

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VS A15 (4) 15M 9/58

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4885

CERTIFICATE OF DEATH

04832

					Reg. Dist. Ite	
1. PLACE OF DEATH a. COUNTY Was	shington	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary	here deceased lived. If inst land b. COUR		
Walliams	(If outside corporate limits, write egrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, wri	te RURAL ond give ne	earest town)
d. NAME OF HOSPI OR JUSTITUTION	TAL (If not in hospitol, give street Lisbury Street	oddress)	d. STREET ADDRESS	isbury Stre	et	e. IS RESIDENCE ON A FARM? YES NO A
3. NAME OF DECEASED (Type or print)	Rachel	Melinda	Gaylor	4. DATE OF DEATH Apr		Pay Year 19 59
Female	6. COLOR OR RACE 7. MAR WIDOW	RRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH April 11 1	9. AGE (In ye last birthdo		Hours Min.
Housewi	ON (Give kind of work done 10b king life, even if retired)	KIND OF BUSINESS OR INDU Home	STRY 11. BIRTHPLACE (Stot		U.S	B. A
13. FATHER'S NAME	John Harsh		Jennie N			
15. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war ar dates of service)		o. Grayson		Address 111amspo	ort Ma
	immediate DUE TO	(c). J. (d). (d). (d). (e). J.	Ry Fla	ram Bou		TERVAL RETWEEN
_	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING   20b. DE: G   CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 1B.	)	
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Year 20d. While	e _ Not while _ fo	ACE OF INJURY (Home, for ctory, street, office bldg., et	m, 20f. (City or toyn)	(County	(Stote)
	ngi lattendali the degea	sed from. 4. As that death	n occurred of 2 km.b.	10	and on the dot	
220. BURIAL, CREMATIC	ON, 22b. DATE HEREOF April 11-59	Greenlawn C		W1111amspc		(Stote)
23 PONIGRAL DURECTOR	Self Will	Compost on	24a. REC	C'D BY REGISTRAR 24b. R	Carthur & Kra	

origination of			_ norganite.W
	paragerellil	10TC 50	Section IIII
Jears	Wightles A p.	3097	endation .Fig.
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11 25	April 11 1800 68	No.	And the second
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	deants illerconer		demail moto b
Transame FELSE	der Crarada wordened		Off Off
		818	

Mess Ferry, West Va.

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE Orthung & Kraus

death. O FUNERAL DI 0 15M 9/55

Runial

23. FUNERAL DIRECTOR'S SIGNATURE

	HTASO TO ST.		1810	
in Forest - Witness and other	nagradi		The state of the s	
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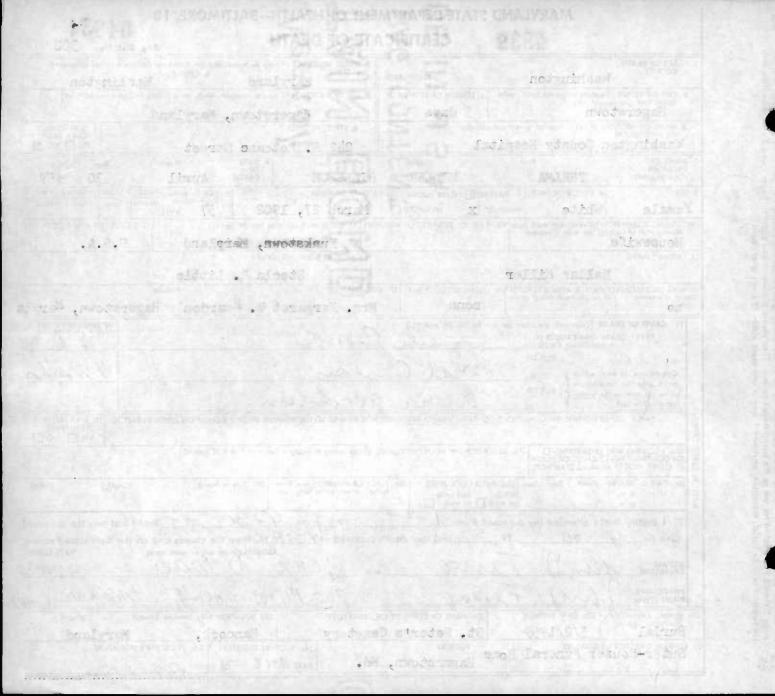
MARYLAND STATE OCCURRENCE OF HEALTH-BALLIMORE, TH

VS A15 (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4839 **CERTIFICATE OF DEATH** 

1. PLACE OF DEATH o. COUNTY	Washington		MARYLA	UND	2. USUAL RESIDENCE OF STATE	E (When		lived. If institut b. COUNT	Y	e before od	
b. CITY OR TOWN ( RURAL ond give in Hagerst		write c.	5 days	1 1Ь	c. CITY OR TOW			ote limits, write  Maryla	La Library	ive neorest	town)
OR INSTITUTION	TAL (If not in hospitol, given County Ho				d. STREET ADDR	ESS			MA VE	0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	THELMA		MILLER		Lost		OF DEATH		nth	Day 30	Year 19 <b>59</b>
S. SEX Female	6. COLOR OR RACE	MARRIED		_	DATE OF BIRTH	190		9. AGE (In years lost birthdoy) 57 yrs	Months	TYEAR IF U	NDER 24 HRS urs Min.
100. USUAL OCCUPATI during most of wor Housewife 13. FATHER'S NAME	ON (Give kind of work dorking life, even if retired)	one 10b. KIN	ND OF BUSINESS OR	INDUST	TRY 11, BIRTHPLACE Funks	(State or	foreign co	ryland		J.S.A.	HAT COUNTR
	Dallas Mill	eff			14. MOTHER'S MAI			Little			
IS. WAS DECEASED EVE	ER IN U. S. ARMED FORC	ES? 16. 50	CIAL SECURITY NO.	17. IN	FORMANT	70002	Dec 160		dress		
(Yes. no. or unknown)	(If yes, give war or dates of ser		none	1	Ars. Marga	ret	V. R.	eardon	Hager	stown	Mary
581.1 Conditions, if a	immediate (	F per line t	epater	e (	Losis						MMILE MINITE
SATIO	(c). HER SIGNIFICANT COND								VEN IN PART	PE	AS AUTOPSY RFORMED?
OR CONTRIBUTING	CAUSE OF DEATH	20d. INJU		De. PLA	CE OF INJURY (Home	e, form,			(0	ounty)	(Stole)
Hour o. m. p. m.	19	While of work	Not while of work	rocr	ory, street, office bld	g., erc.)					
21. I certify the alive on	My D	leceased , 1959 Tw			19) \$, to occurred of \$\frac{4}{2}\$.  10. \( \sqrt{0} \) \( \frac{7}{2} \)			the causes reet, city or town	ond on th		4-30
220. BURIAL, CREMATIC REMOVAL (Specify Burial	5/2/1959		2c. NAME OF CEMETI			2	-	ION (City, town,			Stote)
	11-1-111		ADDRESS	5 0		BEC.D	Hand BY REGISTI	PAR 24h REG	ISTRAR'S SIG	MATURE	nd.
Suter-Rou	ssignature izer Funeral	Home	Hagerstow	n. 1			A REGISTI		1 -4 -4		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04835

Washington

IF UNDER 1 YEAR IF UNDER 24 HPS

USA

(County)

Orthung & Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

Co. W. Va.

(Stote)

e. IS RESIDENCE ON A FARMS

YES NO

Yeor

19

Reg. Dist. No.

Months

CERTIFICATE OF DEATH DATE STORE . C.A. A A REAL PROPERTY OF THE PROPE water of Malvaria, or ogta line in

VS A15 (4) 15M 9/55

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04836

	488	8	CERTIFIC	ATE OF DEATH	1		Reg. Dist. N	4000 4000
1. PLACE OF DEATH	ASHINGTON		MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYL		fived. If institution b. COUNTY	MASHI	
BURAL PIOWN (I	f outside corporate limited CERSTOWN	ts, write	c. LENGTH OF STAY IN 16 36 YRS.	c. CITY OR TOWN (IF OU X RURAL HAG			JRAL and give r	nearest tawn)
d. NAME OF HOSPIT	AL (If not in hospitot, of IALL RT.#	ive street  HA	oddress) GERSTOWN	WHITE HALL	RT.	#1 HAGEI	RSTOWN	ON A FARM?
3. NAME OF DECEASED (Type or print)	VALLI		Middle ARMENIA	HARSHMAN	4. DATE OF DEATH	APRI		Doy Year 18 19 59
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARE	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 3/14/1877		9. AGE (In years last birthday) 82 yrs.	Months Days	AR IF UNDER 24 HRS. s Hours Min.
10a. USUAL OCCUPATION during most of work HOUSEWI		done 10b.	HOME	BOONSE	or foreign co	untry) MD•		OF WHAT COUNTRY
13. FATHER'S NAME HENRY I	LEE HOOVE	R		14. MOTHER'S MAIDEN NA SARAH E		RDAY		
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s			INFORMANT MR. EMERSON	HARSI	HMAN Add	REFERST	8Fn
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  ny, which (b) mmediate (	, a	refor (a), (b), and (c).] reference pel	hrosto (	phil	Cotte	IN OI	pul 6-795
PART II. OTH	IER SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	VAL DISEASE	CONDITION GIVE	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in Po	art I ar Part	11 of item 18.)		
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	20d. II While at war	Not while fo	LACE OF INJURY (Home, form, ictory, street, office bldg., etc.)	20f. (City	or lawn)	(Count	y) (State)
21. I certify the alive on	dry	deceas , 19.5	Second that death	1, 1932, to Cy to occurred at 7! 20 0 M.D. J. W.			nd on the d	saw the deceased above pare signed
220. BURIAL, CREMATIO	226. DATE THEREO	/59	22c. NAME OF CEMETERY C			ION (City, town, o		(State)
23. FUNERAL DIRECTOR		He	ADDRESS /	240. REC'D	BY REGISTR		TRAR'S SIGNAT	TURE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nece execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral distributed be seen to the Chief Medical Examiner's Office along with farm PM3. Page, 5 may be retained for TO FUNERAL DIR. COR: Page 3 should be used as a buriol-transit permit. File pages James 2 with the State Book or its designated agent, prior to burial, cremation, or removal, and in any event within 72 habrs after death.

## VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04837 302 Reg. Dist. No.

	Jambanatan		MARY	1	o. STATE	Where deced	b. COUNT	N		
b. CITY OR TOWN I		RURAL	LENGTH OF STAY		c. CITY OR TOWN (		porote limits, write	Wasn	ingto	
d NAME OF HOSPI	TAL OR INSTITUTION (I	I not in hounite	D.O.A.		d. STREET ADDRESS	rstown				IS RESIDENCE
	on County Ho		n, give meet doores.		128 East	Washi	ngton St.			ON A FARM?
3. NAME OF DECEASED (Type or print)	FLORENCE	st .	Middle GRAMMS.		HAWT HORNE	4. DATE OF DEATH	April	h 2	Day	Yeor 19 <b>59</b>
5. SEX Female	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		te of sirth	9)4	9. AGE (In years lost birthday) 644 yrs.	Months Do	EAR IF U	INDER 24 HR
100. USUAL OCCUPAT	ON (Give kind of work ong life, even if retired)	done 10b. KIN				e or foreign	country)		N OF WH	AT COUNTR
13. FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME				
Ge	orge W. Watt	ts		27	Ann (	ramms				
15. WAS DECEASED ET [Yes, no. or unknown)	VER IN U. S. ARMED FOR (If yes, give war or dates of t		CIAL SECURITY NO.	17. INFO	MANT Lawson P	Hawt	Address	Hagerst	orm.	Md
	underlying DUE TO (c). HER SIGNIFICANT CONI							VEN IN PART 1		REORMED?
	INTRIBUTING 🗆	b. DESCRIBE H	none	RED. (Enter	noture of injury in Pa	rt I or Port II	of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.		While at work	Not while	factory,	F INJURY (Home, for street, office bldg., etc ONS		y or town)	(Count	y)	(State)
	hot I took charge		noins described uses 🔀, Accid			sy [], I	nspection 🔀,	, Inquiry	Print,	and in my
ACTUAL SIGNATURE  EXAMINER'S NAME (Type)			uel s, M.D.	<u></u>	D. CHIEF MEDICAL E ASSISTANT MEDIC DEPUTY MEDICAL	CAL EXAMINE	R	4-22-59		TE SIGNED

BIATE SOT

# ACE CAMP STATE SERVICE OF PEACH -SALINAGES 18 LINES OF DEATH LINE

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VS A15 (4) 15M 10/57

MARYLAND STATE	DEPARTMENT	OF HEALTH-	BALTIMORE,	18
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CERTIFICATE OF DEATH

4841

()4838 Reg. Dist. No. 302

1.	PLACE OF DEATH o. COUNTY Washingt	on		MARYLA	UND	o. STATE	land		Llived. If institution b. COUNTY			mission)
		If outside corporate limi	ls, write	c. LENGTH OF STAY IN	1 1b				rate limits, write f			own)
	Hager			40 Yrs		03	Hag	ersto	own			
	d. NAME OF HOSPIT OR INSTITUTION 416 GUI	Iford Ave	ive street	oddress)		d. STREET A		uilfo	ord Ave		O	RESIDENCE N A FARM?
3.	NAME OF DECEASED (Type or print)	MOLLY		Middle CATHERINE		HECK		4. DATE OF DEATH	April		Doy 959	Yeor 19
5.	Fenale	6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARRIED	_	8. DATE OF BIRTH	7 18	71	9. AGE (In years lost burthday) yrs.	Months I	YEAR IF UI	NDER 24 HRS.  Ors Min.
100	USUAL OCCUPATION during most of wor Housew	king life, even if retired	dane 10b.	NIND OF BUSINESS OR OWN Home	INDUS				ng Wash			USA
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
	Samuel H	enry Boye	r			Mir	erva	Ann	McCoy			
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO. None		ancis H	leck	111 E	King St			
	Conditions, if a gave rise to i couse (a), stating lying cause last.	mmediate the under-	)	terios <b>c</b> ler								ars
CATION			DITIONS	None.	H BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	PEI	AS AUTOPSY REORMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URREC	D. (Enter nature of	injury in P	ort I or Part	11 of item 18.)			
MEDICAL	20c. TIME OF INJUS Hour o. m. p. m.	Y Manth, Day, Yes	While	k of work	foc	ACE OF INJURY () tory, street, affice	lome, form, bldg., etc.)	20f. (City	or town)	(Ca	ounty)	(State)
		ril 21	deceas			accurred of	:00P	M, from	the causes of the causes of tomac	and an th	e date st	ne deceased ated above. DATE SIGNED
	PHYSICIAN'S NAME (Type)	R. A.	B el	11.		Hag	erst	own,	Maryla:	nd.		
220	BURIAL, CREMATIC REMOVAL (Specify) Burial	5/1/59	F	Rest Have					ION (City, town,			Stote) Md
23.	FUNERAL DIRECTOR	'S SIGNATURE	27-1	ADDRESS			24a. REC'D	BY REGISTI	RAR 24b. REGI	STRAR'S SIG	NATURE	
	Andraw V	Caffman	. Ua	mana hama 7	1.2		M	AY A 1	59 (	Inthun &	Though	

	E OF DEATH	TACHUMED J. T.	+100 T
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and the state of t	STOP TO STORY AND STORY AND STORY		
	tal interacting for		

# ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4889

# **CERTIFICATE OF DEATH**

()4839 Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Maryland b. COUNTY Washi	before admission) ington
c. CITY OR TOWN (If outside corporate limits, write RURAL and giv	e nearest tawn)
U.S. Route # 340	e. IS RESIDENCE ON A FARMAY YES NO TY
HOLDER  4. DATE OF DEATH April 23,	Day Year 19 59
	YEAR IF UNDER 24 HRS.  oys Hours Min.
Brownsville, Md.	USA
14. MOTHER'S MAIDEN NAME	
RFD # 1, Knoxville, Md., Bo	INTERVAL BETWEEN
acclusion	30 Min.
IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) IP. WAS AUTOPSY PERFORMED? YES NO
ED. (Enter nature of injury in Part I ar Part II of item 18.)	
PLACE OF INJURY (Home, farm, octary, street, affice bldg., etc.)	unty) (Stote)
4, 19, ta 1959, 19, that I la	
ADDRESS (Street, city or town, state)	DATE SIGNED
CHARLES TOWN, W. VG.	
OR CREMATORY 22d. LOCATION (City, tawn, ar county)	(State)
Ferry 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN DATE APR 2 7 '59 Coling &	IATURE
	C. CITY OR TOWN (If outside corporate limits, write RURAL and give Sandy Hook  J. STREET ADDRESS  U.S. Route # 340  Lost Of DEATH April 23,  B. DATE OF BIRTH OLDER OF DEATH April 23,  B. DATE OF BIRTH OLDER OF OTHER CONTROL OF OTHER OF OTHER OF OTHER OF OTHER OF OTHER OF OTHER OTHE

may be retained by the haspital ar attending physician.

TO FUNERAL DIRIC 1: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be recarbon papers. Pages 1 and 2 state registrar priar to burial, crematian, ar remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()484() Reg. Dist. No.

o. COUNTY W	ashington		MARYLAND	2. USUAL RESIDENCE (M		d lived. If institu b. COUNT		ington
b. CITY OR TOWN (I and give necrest fow Hagerst	If autside corporate limits, write n)	RURAL	c. LENGTH OF STAY IN 16 50 yrs.	c. CITY OR TOWN (IF	outside corpo	prote limits, write	RURAL and g	ive nearest town)
	ton County			d STREET ADDRESS 7 Mo	ller Av	7e.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fin HARR		middle KENNETH	HOUPT	4. DATE OF DEATH	Month Apri		Doy Year 6 19 59
5. SEX Male	6. COLOR OR RACE White	7. MARRIE		. DATE OF BIRTH August 3.18	11.25	P. AGE (In years lost birthday) 65 yrs.	Months Do	YEAR IF UNDER 24 HRS
Sheet Meta	ng life, even if retired)	lone 10b. K	nd of Business or Indust Dust Collecti	ry 11. BIRTHPLACE (Stote ng Boonesbo	or foreign cou oro, Md.			USA
13. FATHER'S NAME  J	oseph H.Hou	pt		14. MOTHER'S MAIDEN N Annie		er		
15. WAS DECEASED EN IVEL NO. er enknown) Yes	ver in u. s. armed for July 191	pervice)		NFORMANT S.Harry K.Hov	upt 7 N	Address Moller A	ve.Hage	erstown,Md.
	ATH [Enter only one country was CAUSED BY: IMMEDIATE CAUSE (o)		or (o), (b), ond (c). ] Loute Coronary	thrombosis				INTERVAL SETWEEN ONSET AND DEATH
Conditions, if gove rise to imme (o), stating the couse lost.  PART II. OT	underlying DUE TO		erteriosclerot				VEN IN PART I	PERFORMED?
PART II. OT	AUSE WAS DITRIBUTING []	b. DESCRIBE None	HOW INJURY OCCURRED. (E	inter noture of injury in Part	I or Part fl o	if item 18.)		YES NO X
20c. TIME OF INJU Hour XX60		or 20d. II	f and	CE OF INJURY (Home, form ory, street, office bldg., etc.		pr town)	(Count	ty) (Stote)
Hour XXX	XX none 19	of wor		none		•	-	-
21. I certify topinion death  ACTUAL SIGNATURE  EXAMINER'S	that I took charge resulted from: 1	of the r Notural c		none  ve, held on Autops  , Suicide , F  M.D. CHIEF MEDICAL EX  ASSISTANT MEDICA	y , Instantion , I		Inquiry ermined mo	, and in my
21. I certify to opinion death ACTUAL SIGNATURE EXAMINER'S NAME (Type)	hat I took charge resulted from: 1 8. Pulser S. F	of the revoluted of the revoluted of the revoluted of the revoluted of the revolute of the rev	emoins described obo ouses . Accident    Wells, M.D.	none  ve, held on Autops  , Suicide , t  M.D. CHIEF MEDICAL EX  ASSISTANT MEDICAL  DEPUTY MEDICAL I	Y , Instancide    AMINER    AL EXAMINER    EXAMINER    22d. LOCATI	Undete	ermined mo	DATE SIGNED  (Store)
21. I certify to opinion death ACTUAL SIGNATURE EXAMINER'S NAME (Type)	hat I took charge resulted from: 18 Police S. F.	of the revoluted of the revoluted of the revoluted of the revoluted of the revolute of the rev	emoins described oboouses . Accident    Wells, M.D.	none  ve, held on Autops  , Suicide [], h  M.D. CHIEF MEDICAL EX  ASSISTANT MEDICAL  DEPUTY MEDICAL II  CREMATORY  emetery	Y , Instancide    AMINER    AL EXAMINER    EXAMINER    22d. LOCATI	ON (City, town, agerstow)	ermined mo	, and in my onner

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If any delay is nece execute the certified, writing the ward "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral dir 4 should be forced to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as Chariot-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to bariot, crematiful. or remain any event within 72 haurs after death. VS. ATSME 5M 2/57

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VS A15 (4) 1SM 10/57

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4890 CERTIFICATE OF DEATH

4890

04841

Reg. Dist. No.

o. COUNTY	Washington		MAR	LAND 2.	o. STATE Md.	here deceased	b. COUNTY	on: Residence I Washin		ssion)
b. CITY OR TOWN RURAL and give	(If outside corporate limi	ts. write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	outside corpo	role limits, write R	URAL ond give	nearest low	rn)
Rural,	Ringgold		56 Year	s	X Rura	1. Rin	ggold			
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g		oddress)	1	d. STREET ADDRESS	144				SIDENCE
OK INSTITUTION	Smithsburg	g #2			Smit	hsburg	#2			A FARM?
3. NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE OF	Mon	th	Day	Yeor
(Type or print)	No		E.		Huff	DEATH	A	oril 1	9.	1959
5. SEX	6. COLOR OR RACE	7. MARI	RIED T NEVER MARRI	ED B. C	PATE OF BIRTH		9. AGE (In years last birthday)	Months Do		
Female	White	WIDOW	ED DIVORCE		12/14/1883		75/16/ yrs.	Months Do	ys Hours	Min.
100. USUAL OCCUPAT during most of wo	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS O	OR INDUSTRY	11. BIRTHPLACE (Stole	or foreign co	ountry)	12. CITIZE	N OF WHA	T COUNTRY?
House	Wife				Smithsbu			U	SA	
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
(	George Nofor	rd_			Clarine	Braigh:	tuiser			
	/ER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	). 17. INFO	RMANT	AT 0 T P.11	Add	ess		
	In year grown or or or or			Me l	ter L. Huf	f Smi	thehura N	14 42		
1B. CAUSE OF DE	EATH [Enter only one co	use per li	ne for (o), (b), and (c)				unsburg t	-	INTERVAL B	ETWEEN
	ATH WAS CAUSED BY:				Uamanalan				ONSET AND	DEATH
331x	IMMEDIATE CAUSE (o		<u> </u>	D1.8.1	Hemorrha	<u>se</u>			35hr	S.
Conditions, if	ony, which ) (b		Gene	ralis	ed arter	ingel	ລາກຳ ດານຕ		5 77	ne
gove rise to	immediate (	,				-0001				1 1)
lying couse lost	g the under-									
_	THER SIGNIFICANT CON		CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERM	MINAL DISEASI	CONDITION GIV	EN IN PART 1	PERF	AUTOPSY ORMED?
	VAS UNDERLYING DEATH G DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (I	Enter noture of injury in	Part I or Part	II of item 1B.)			
20c. TIME OF INJU Hour o. m. p. m.	10	While	NJURY OCCURRED Not while	20e. PLACE factory	OF INJURY (Home, form, street, office bldg., et	n. 20f. (City	or town)	(Cou	nty)	(Stote)
21. I certify t	that I attended the	deceas	ed from 9-1	3-57	., 19, to	4-19.	-59, 19	that I las	t saw the	decensed
alive on					curred at2:25					
dilve oii	^	, 12-	, dna mai	dealii ot	corred die		reet, city or town,			ATE SIGNED
ACTUAL SIGNATURE	10 1/20	1	21		C			sidie)	Ji 07	TATE SIGNED
SIGNATURE	haves-	27.	Vess	M.D		ithsbu	irg,a	£	4-21	-52
PHYSICIAN'S NAME (Type)	Charles	T	Hess W	D.						
220. BURIAL, CREMATI		F	22c. NAME OF CEM	ETERY OR CI	REMATORY	22d. LOCAT	ION (City, town, o	or county)	(Slo	tel
REMOVAL (Specify	1/20/50	)								
23. FUNERAL DIRECTO	R'S SIGNATURE	1	ADDRESS	Tq	24- 850	D BY REGIST	thsburg #	TRAR'S SIGNA	hingto	on Md.
NO 1-	-719	1.	- 11/10	211						
-1411	En Total	100	E Will	1USU	CHO G DATE AS	8 2 2 '5	9 Ch	Thun & #	Louis	

	COMP.		
			ASSESSED FOR LINES OF THE
	Section 1		
	GACT CHIN		
	Total Confession		

should page 3 shoul TO FUNERAL

Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (County) (State) and that death accurred at 9:00 A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) WASH. CO.MIZ. ADDRESS 240. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATUR 24b. REGISTRAR'S SIGNATURE wind D. Tries APR 7

Reg. Dist. No

e. IS RESIDENCE ON A FARM? YES NO

Year

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

		CERTIFICATE	
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No. (In the last of the last o			
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3		E S	10	,	1	

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04843

4024	4.			Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYI	nere deceased lived. If institution b. COUNTY	WASHINGTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) HAGERSTOWN	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	pulside corporate limits, write RU FOWN	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street institution 253 S. MULBERRY ST		d. STREET ADDRESS 253 S. MU	JLBERRY ST.	e. IS RESIDENCE ON A FARM? YES NO (A)
3. NAME OF First DECEASED (Type or print) MILDRED	Middle ORPHA	JORDAN	4. DATE Month OF DEATH APRII	/
TOTAL AT TO MET TOTAL	ARRIED NEVER MARRIED DIVORCED	8/15/191;	lost birthday)	Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10 during most of working (the even if retired)	SHOE MFG. CO			12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME FLOYD W. GRIFFITH		14. MOTHER'S MAIDEN N FLORA	MAE LEWIS	
(Yes, no. 10f paknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO. 17. I	MR. FLOYD	W. GRIFFITH	" HAGERSTOWN MD.
18. CAUSE OF DEATH [Enter only one couse per PART 1. DEATH WAS CAUSED BY: 1992   IMMEDIATE CAUSE (o) DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying couse lost. (c)	RESPIRATORY INC	VERALIZED META		ONSET AND DEATH APP. 6 MO.
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				19. WAS AUTOPSY PERFORMED? YES NO X
20c. TIME OF INJURY Month, Doy, Year 20d	- fa	D. (Enter noture of injury in I  ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the decedrative on 18 APR., 19  ACTUAL SIGNATURE HUGT	ased fram. 4 DEC.  59, and that death  Saecult.	M.D. 251		nd on the date stated abave tote) DATE SIGNE
REMOVAL (Specify) BURIAL 4/24/59	20c. NAME OF CEMETERY O		HAGERSTON	
23. FUNERAL DIRECTOR'S SIGNATURE A	agesslower .	70.1		TRAR'S SIGNATURE

VS A15 (4) 1SM 9/SS

MARYLAND STAYE DEPARTMENT OF HEALTH-BALTIMORE, 10 THE WALL OF SOME SERVICE AND THE PARTY OF THE PARTY OF THE PARTY. the boundaries of the later of the A. M. Hilliam School and the later of the later CAR PERSON OF THE ACCOUNT OF THE PARTY OF TH THE DESCRIPTION OF STREET telled the second of the secon

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VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 4845

()4844 Reg. Dist. No.

										-131. 140.	
1. PLACE OF DEATH  o. COUNTY  W.A	SHINGTON		MARYL	- 11	o. STAT	F	(Where decease YLAND	ed lived. If instit b. COUN		HINGT	
b. CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH OF STAY IN		c. CITY		(If outside carp RSTOWN	orate limits, write	RURAL and	give nearest	town)
OR INSTITUTION	AL (If not in hospital, g		oddress)		/ d. STR	E. B.		RE ST.		0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Josef		Middle DEE	J	ממט	Lost	4. DATE OF DEATH	ADD:	onth IL	Doy 3	Year 19 59
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARR	DIVORCED	_	DATE OF	BIRTH 1/189	90	9. AGE (In year lost birthday	) Months		INDER 24 HR5.
RETIRED E	ON (Give kind of work cing life, even if retired LECTRICAN	2	KIND OF BUSINESS OR	PL	ANT 14. MOTI	VII	RGINIA		12. 0	U.S.A	HAT COUNTRY
15. WAS DECEASED EVE		ervice)	SOCIAL SECURITY NO. 214-09-775		DRMANT MRS.					MD	_
Canditions, if a gove rise to it couse (o), stating lying couse last.	mmediate (	1	Interio	n a Sc	420	6 C	bein	1 dis	Auz	2	yeur
TE ACCIDENT WA	S UNDERLYING []		CRIBE HOW INJURY OCC						GIVEN IN PA	PE	AS AUTOPSY REORMED?
OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR  Hour a. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)  Y Manth, Doy, Yee	While	NJURY OCCURRED 2: Not while			JRY (Home, f affice bldg.,		ly or town)		(County)	(State)
21. I certify the alive an	at lattended the April  Oldin	decease , 19_	ed from 1200 SS, and that d				A.M. fro	m the causes Street, city or tow	and on		
PHYSICIAN'S NAME (Type)	Eldon	6	Hoach	102	dez		Hay	3e25d	442		mas
220. BURIAL, CREMATIO REMOVAL (Specify) BURTAT,	4/5/59		BEAHMS		PEL	CEM.		LURAY	VA.		Stale)
23. FUNERAL DIRECTOR	s signature	eges	Llown .	m	2.		PR'8 '5	0	GISTRAR'S S	SIGNATURE	

OF DEATH	CERTIFICATE		
		MOTONIAS	HIZELY SOUTH
			ALC: N
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VS A15 (4) 15M 9/55 M

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4846 CERTIFICATE OF DEATH

Reg. Dist. No. 845

1, PLACE OF DEATH a. COUNTY	Washingt	on	MARYLAND	o. STATE	land	ere deceased	l lived. If instituti b. COUNTY		before or	
b. CITY OR TOWN ( RURAL and give n	If outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If ou	itside corpo	rote limits, write R	URAL ond gi	ve nearest	fown)
Ha	gerstown		2 days	Smit	hsbur	g- R	ural	10	X	2 1
d. NAME OF HOSPIT	TAL (If not in hospital, s	jive street	oddress)	d. STREET	ADDRESS				e. 15	RESIDENCE
Washingto	on Co. H	ospi	tal	Rout	e # 1					S NO
3. NAME OF DECEASED (Type or print)	EMOR		Middle K	e <b>L</b> BAUGH		4. DATE OF DEATH	Mor	on oril	Doy	Yeor 195 Q
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED				9. AGE (In years		YEAR IF L	JNDER 24 HRS.
male	white	WIDOWE		Dec.	1. 18	370	last birthdoy) 88 yrs.	Months [	Days Ho	ours Min.
100. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHP	deric		ountry)			HAT COUNTRY
13. FATHER'S NAME		Operati	doll, relin	14. MOTHER'S		Technology of the second second	· Put	IU.S	atha	
Jo	ohn Kelba	ugh		Mar	y S.E	For	neat			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	y D .II	er Or	Add	Iress		
(Yes, no, or unknown)	(If yes, give wor or dates of a	etaice)	none	ames Sm	1th S	mith	sburg.	Md. F	t.#1	
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	111)	ne for (o), (b), and (c).)	mia					ONSET	AL BETWEEN
593 X	DUE TO		^		0 0					
Conditions, if a		Ki	ducy fund	ion -	ailu	مه			5 d	eyes
gove rise to i			0 ()					15. 3	- 1	0
lying couse lost.	) («	:)(	<u> </u>		1					
PART II. OTI	HER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERMIN	NAL DISEASI	CONDITION GIV	VEN IN PART	PI	VAS AUTOPSY ERFORMED? S NO D
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter nature o	of injury in P	ort I or Pari	II of item 18.)	197		
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Ye	While	Not while k of work	LACE OF INJURY octory, street, office	(Home, form, ce bldg., etc.)	20f. (City	ar tawn)	(Cc	ounty)	(State)
21. I certify th	nat I attended the	decease	ed fram Mar. 2	0 , 19 5	9, ta M	4-13	0 , 195	9,that I ic	st saw	the deceased
alive on	nari30	, 19	59_, and that deat	h accurred at	9:60	BM, fran	the causes	and an the	e date s	tated abave
	1	1	1			DDRESS (St	reet, city or town,	stote)		DATE SIGNED
SIGNATURE	James	1.10	tray	M.D. /	lurn	LEM7	4-MC	2		
PHYSICIAN'S NAME (Type)	Ja	me	s K. Gra	4						
220. BURIAL, CREMATIC REMOVAL (Specify)		)F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCAT	ION (City, town,	or county)		(Stote)
Buria.	Apr.4.	1959	Mt.Bethel	M.E.	NI	.Gar	field F	red .C	o. N	Md.
23. FUNERAL DIRECTOR	STENATOR	1	ADDRESS			BY REGIST		STRAR'S SIGN		
Julia	Paul F	Bitt	le Myersvil	le,Md.	DATE A	PR 6	59 6	Irihur S.	Thrus	(

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DRINDVERISTEIN

# 4891

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

04846

7001	h.			wad, nis	1. 140.
1, PLACE OF DEATH  o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If in b. CO		e before admission)
WASHINGTON		MARYLA		SHINGTO	7
<ul> <li>CITY OR TOWN (If outside corporole limits, write RURAL and give nearest town)</li> </ul>	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, v	vrite RURAL and g	ive nearest town)
DODAISBORD BURAL	25 VEARS	X BOONSBO	RO RUR	AL	
d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION	et address)	d. STREET ADDRESS	2		e. IS RESIDENCE ON A FARM?
JOONSBORD MD	15,2	1 DOONSBOK	O MD. K	2	YES NO D
NAME OF First DECEASED (Type or print)	Middle	Lost	4. DATE OF DEATH A	Month	Doy Year - 1959 19
103111	15	KEPHART	77 4	RIL - 9	~ 1959 19 1 YEAR IF UNDER 24 HRS
. SEX 6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In last birth	7,000	Days Hours Min.
TVI/TIES TVITILITE	WED DIVORCED	MAY-23- 1891	f 164	yrs.	
On USUAL OCCUPATION (Give kind of work done to during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	-	ar fareign country)		ZEN OF WHAT COUNTR
ELECTRICAL CONTRACT	OIL- KETIRED	FRED. C	0. MD.	u	SIA.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
CARLETON E.	KEPHART		W	ARRENFO	ELT 2
	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address	
Yes, no, or unknown  (If yes, give war ar dates of service)	218-30-9872 C	ECIL F. KEPA	ART BOD	N SIBORO	MP
18. CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c),}	/			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ourrent The	a modernose.			ONSET AND DEATH
IMMEDIATE CAUSE (o)	7 7 7 60	WIN O- O-W			
420.0 DUE TO		elizates He			april 7-195
Conditions, if any, which ) (b)	stew s	elevole Ne	wi N		7,000,
gave rise to immediate DUE TO					H-100 11
cause (a), stating the under-					
(-)	IS CONTRIBUTING TO DEATH BUT	T NOT PELATED TO THE TERMI	NAL DISEASE CONDITIO	ON GIVEN IN PART	160 19 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BOT	HOT KEENTED TO THE TERMI	INAL DISEASE CONDIN	or or er in trake	PERFORMED?
5					YES NO
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING   20b. D  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in l	Part I ar Part II af item	18.)	
	I. INJURY OCCURRED 20e. PI	ACE OF INJURY (Home, form	, 20f. (City or town)		County) (State
Hour a.m. Wh	I.	actory, street, office bldg., etc	.)	,	comy, (Sione
p. m. 19 of v	wark at wark	100			
21. I certify that I attended the dece	and from april "	10.56 10 04	sul 9	0 34 that 1	last saw the deceas
01 0	ma 1/	1.31	1	/	
alive an, 19	27_, and that death				ne date stated aba
1	- Parter	, -	ADDRESS (Street, city or	town, state)	DATE SIGN
SIGNATURE LANY NO	verteur	M.D.	into de	wyn	a 4-11.
2 +					
PHYSICIAN'S NAME (Type)	Y NOVE,	781E 11	<u>Y</u>		
20. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City,	town, or county)	(State)
REMOVAL (Specify) APRIL -13 195	9 BOOKISBORD	SEMETERY	BMNSBOR	WASH	. CO.MD
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'		. REGISTRAR'S SIG	SNATURE
Jan T. Brat	BONNISH A	A D DATE	APR 1 6 '59	arthur.	S. Frank
Law - Cual.	DOONSBORO 1	Y(())			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the page 3 should be derached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shows be filed with the registrar prior to burial, cremation, at removal, and then yevent within 72 haurs after death. VS A15 (4) 15M 10/57

death.

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poesin Maria hastone		and an extreme
	BELON E BUT	
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A. B. G D ELLYBRANCE	908	Actes: and
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a la super reservings . O female.		
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VS A15 (4) 15M 10/57

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

04848

4892	GERTINIO,	ALE OF DEATH	Reg. D	ist. No.
1. PLACE OF DEATH a. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Where deco. STATE	teased lived. If institution: Resider b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside a	corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION	Oddress)	d. STREET ADDRESS	Ro	e. IS RESIDENCE ON A FARM?
TAHRNEY-KEEDY MEMORY	4L HOME	SOUTH MA	IN STREED	YES NO X
3. NAME OF DECEASED First	Middle	Lost 4. DA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Day Year
(Type or print) KATHERINE	- DAISY -	1/2-1145	APRIL -	7- 1959
5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years   IF UNDER	Days Hours Min.
TEMALE WHITE WIDOWE	94	Nov. 14. 1871	87 yrs.	
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fore	ign country) 12. CI	TIZEN OF WHAT COUNTRY
TOUSE WIFE	IMN HOWIE	14. MOTHER'S MAIDEN NAME	MD. 4	·S.A.
S. PATHER'S NAME		14. MOTHER 5 MAIDEN NAME	-	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17	INFORMANT DIA	Address	
(Yes, no, or unknown) [Iff yes, give war or dates of service]	00	DA A L	C	Da
No.	MONE IM	KS. MARGARET	STERNER DO	ONSBOKO IVI-
18. CAUSE OF DEATH [Enter only one couse per lin	ne far (a), (b), and (c).]	1. +. 11	1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Theren	recenotice 160	east	/mord
420.0 DUE TO	P			
Canditions, if any, which ) (b)	neur	nolle-		2 Weeles
gave rise to immediate cause (a), stating the under-				
lying cause last.				
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PAR	PERFORMED?
206. ACCIDENT WAS UNDERLYING 206. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture af injury in Part I a	r Part II af item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Haur a.m. While at wark	Not while fo	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	(City or tawn)	County) (State)
21. I certify that I attended the decease	ed from Would	1 1959: 10 Apr	el 7, 1959 that 1	last saw the deceased
alive an trans 1 195	113	accurred at 14 40 AM,	7.,	
dive di	7// and mar deam		ss (Street, city or tawn, state)	ne date stated above
SIGNATURE J. W. LU	an	M.D. BOOV	wlow	4/9/59
PHYSICIAN'S A. W. Lev.	an		In.	4.
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d. L	OCATION (City, tawn, ar county)	(State)
Baria APR:10.1959	1300 NSBORD	CEMETERY	Wash.	Co. 11d.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY RE		GNATURE
John W. Bask 100	ousling mo	DATE APR	16'59 author	Start &

	MARKET STATES	Apply 24	
	MINIOR DEATH	WHI WEN	
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	AND THE PERSON OF STREET		
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Litem 9 FilmG242 5-6-59 et CERTIFICATE OF DEATH

4893

()4845) Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	TNGTON	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY  MARYLAND					
b. CITY OR TOWN (IF	f outside corporate limits, write	c. LENGTH OF STAY IN 16	A STATE OF THE PARTY OF THE PAR	f outside carporate lim	nits, write RUR	AL and give nea	rest town)	1.
WILLTAMSPO		3 vrs 11 mos	۲۵ ۵	ILVER SPRI	NOO M	155	5/	2
d. NAME OF HOSPITA	AL (If not in haspital, give street	et address)	d. STREET ADDRESS	ILVER SPRI	NGS, M		e. IS RESID	DENCE
OR INSTITUTION			3.00				ON A I	
	LLAMSPORT SANT		102 LYNNNO					
3. NAME OF DECEASED (Type or print)	First VILLIAM	Middle S.	KLTNE	4. DATE OF DEATH	PRIL	25		ear 9 5 9
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGI		UNDER I YEAR		
MALE	WHITE WIDO	WED DIVORCED	NOV10. 1878	1051	birthdoy) N	Months Days	Hours	Min.
The state of the s		b. KIND OF BUSINESS OR INDUS			300	12. CITIZEN OF	WHATCO	DUNTRY
during most of work	ting life, even if retired)							
Barver		Barbering	Mc Keesp			U.S.	A	
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
DANJ	IEL KLINE		CATHE	RINE ENGLE	BRICHT			-
5. WAS DECEASED EVER	R IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. II	NFORMANT		Address	Same	88	12
res, no, or unknown)	(If yes, give war or dates of service)		MRS. J.C. T	ERRY (DAU	GHTER)			-
PART I. DEAI O 5 3 .3  Conditions, if an gave rise to in cause (a), stoling t lying cause lost.  PART II. OTH CAN 91 20a. ACCIDENT WA	mmediate DUE TO  the under- (c)  IER SIGNIFICANT CONDITION:  COUNTY OF THE PROPERTY INC. 120b. DI  SUNDERLYING 1 20b. DI	Septice  SCONTRIBUTING TO DEATH BUT  Pava  ESCRIBE HOW INJURY OCCURRE	lytic i	lleus		ONS	9. WAS AN PERFOR	UTOPSY MED?
(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)							
20c. TIME OF INSURY Hour o. m. p. m.	Whi		ACE OF NJURY (Home, for ctory, street, office bldg., o	erm, 20f. (City or tow	n)	(County)	M	(State)
alive an	Max E. Byrkit	59, and that death		P.M., fram the c ADDRESS (Street, ci sport, Md V. Poton	auses and ity or town, sta	an the date  Apri	stated DATE 1 28	signer ,195
22a. 8URIAL, CREMATION REMOVAL (Specify)		22c. NAME OF CEMETERY O		22d. LOCATION (C			(State)	
		84	- 1	Martins			ryla	nd
23. FOR SAME DIRECTOR'S	Xeal Will	leansport of	111	APR 3 0 '59		RAR'S SIGNATUR		

THE RESERVE OF THE PARTY OF THE Majniko majnika 1 2081 to the state of th and the second s Description of the companies of the contract o

VS A15 (4) 15M 9/58

	MARYLA 4848	ND STATE DEPAR CERTIF	MENT OF I		ALTIMORE, 1	8 ()48 Reg. Dist. No	- 0
1. PLACE OF DEA	Washington	MARYLA	o. STATE	DENCE (Where dece	used lived. If institution b. COUNTY	rederic	
b. CITY OR TO RURAL ond Hagers	OWN (If autside carporote limits, v give neorest tawn) COWN	Unk	1 1b c. CITY OR		rporate limits, write R		arest tawn)
OR INSTITU	HOSPITAL (If not in hospital, give ITION  Maryland State		d. STREET	ADDRESS			e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	Joh	N Charle	5 KOL	4. DAT OF DEA		th , Do	Year 19 &
5. SEX Male	2020	MARRIED NEVER MARRIED	_ 7 37		9. AGE (In Years lost birthday) 9. yrs.	Months Days	Hours Mir
10a. USUAL OCCI during mast o Retire	UPATION (Give kind af wark dang of warking life, even if retired) <b>d</b>	10b. KIND OF BUSINESS OR Butcher		ACE (State or fareig	n cauntry)	12. CITIZEN OF	F WHAT COUNT
13. FATHER'S NAM	ian Kolb			MAIDEN NAME	man		
	ED EVER IN U.S. ARMED FORCES		INFORMANT		, Cullen,		
gave rise cause (a), st lying cause	(0)		e of adi	nd liver	metasi		
20a. ACCIDE	UTING CI CAUSE OF DEATH	emphysen emphysen DESCRIBE HOW INJURY OCC	na			EN IN PART 1(o)	PERFORMED YES NO
20c, TIME OF Haur	INJURY Manth, Day, Year a. m.	20d. INJURY OCCURRED 2 While Nat while at work at wark	0e. PLACE OF INJURY factory, street, offic		City ar tawn)	(County)	(St
21. I certi alive an _C  ACTUAL SIGNATURE_ PHYSICIAN'S NAME (Type	Victor F.		leath accurred at	1:40 PM, fro	(Street, city ar tawn,	d an the date	
22a. BURIAL, CRE REMOVAL IS Burial	pecify) 4-20-59		ery or crematory ivet Cemete		cation (city, tawn, cederick, M	,,	(State)
	ector's signature Etchison & Son,	Frederick, Man	ryland	240. REC'D BY REC		STRAR'S SIGNATU	

Secretary to the property of t	THE REAL PROPERTY.	STRUCK CONTRACTOR	Charles of Land City	
ALL VERMIL  LIN (Dept. 121   1900   250   1900   19				
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	District Dic	installed England He	valo sinos	Comment Dates
the state of the s			mall water to be	waster to a state to be a second

# LTH DEPT.

Boa 0 the with 50 Page hours after e Pages 1 rm PM3. pages File p "pending" in pencil in Item 1 Sical Examiner's Office along e used as a burial-transit peru should be the w writing t 00 O. o. c. for 4 should be to FUNERAL

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4 0 VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	V	I	U	U	1	
Reg.	Dis		Na	3	0	2

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND ashington b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Hagerstown 2 Hrs e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 802 Umbra St 1161 Kuhn Ave YES NO 3. NAME OF DATE Middle Month First Year DECEASED DEATH GEORGE KRAMER Sr April 2 1959 19 (Type or print) 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TI NEVER MARRIED TI 8. DATE OF BIRTH Hours Min. White WIDOWED 17 DIVORCED [ Male Jany 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) USA Freight Solicitor Baltimore City Md. Trucking Co 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Belle (No Record) Harry Kramer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT William G. Kramer Jr Umbra St Baltimore 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute coronary thrombosis IMMEDIATE CAUSE (o) DUE TO Arteriosclerotic coronary heart disease Conditions, if ony, which ) gave rise to immediate cause DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. None 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f, (City or town) (County) (Slate) factory, street, office bldg., etc.) Not while o.m. None of work None al work 21, I certify that I tack charge of the remains described above, held an Autapsy X, Inspection X, Inquiry \(\Pi\). and in my opinian death resulted from: Natural causes X. Accident . Suicide . Homicide . Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER S. Robert Wells. M.D. **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or counly) (State) REMOVAL (Specify) Baltimre County Md. Parkwood Cemetery Burial 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE APR 9 Circhay & House Andrew K. Coffman Hagerstown Md. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO FUNERAL DIRECTOR POOR STANDING TO FUNERAL DIRECTOR POOR 3 should be the registrar prior to but

VS A15 (4) 1SM 10/57

TO HOSPITAL OR

X

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 4894

04853 302

				Ke	g. Dist. No.	
1. PLACE OF DEATH o. COUNTY We shing ton	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland		If institution: Recounty		admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou				est town)
Hagerstown R # 6	18 Yrs	X Haore	rstown F	3 # 6		
d. NAME OF HOSPITAL (If not in haspital, give street of NASTITUTION	oddress)	d. STREET ADDRESS			e	ON A FARM?
Reid		Reid Leh	mans Mi.	<u> </u>		YES NO
3. NAME OF DECEASED (Type or print) ESTHER H	Middle IEEFNER	Lehman	4. DATE OF DEATH	Month pril	22 195	Year
5. SEX Female 6. COLOR OR RACE 7. MARR WIDOWE		8. Date of Sirth  Jany 29 18	lost b	pirthdoy) Mor		Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.					2. CITIZEN OF	WHAT COUNTRY?
Housewife  Housewife	Own Home	Waynesbor	o Frankl		US	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.				
George W. Heefner		Effie S	prenkle			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT		Address		
	-34-0792 Le	ster H. Leh	man Sr H	lagers	town 1	d. R# 6
1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY:	ne for (a), (b), and (c).]	Reid	1:		INTER	VAL BETWEEN
IMMEDIATE CAUSE (o)	C 620130	mae of	1/412		6	monder of
156,1 DUE TO						
Conditions, if any, which ) (b)						
gove rise to immediate cause (o), stoling the under-					C (5) VE	
lying couse lost. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE COND	ITION GIVEN II		PERFORMED?
	16.			10.1		YES NO NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Port II of ite	em 18.)		
Hour o. m. While	NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)	20f. (City or town	)	(County)	(State)
21. I certify that I attended the decease		, 19 🖅, to	2 Ph:1	19 / 9 th	nt I lost sa	w the deceased
alive on Thurst 19		occurred at 94				
	/ /		DDRESS (Street, city			DATE SIGNED
ACTUAL SIGNATURE	Hotella	ho. //	5, W.	Wast	125 kg	4/24
PHYSICIAN'S FICUR S	Hoachlos	nles	Has	221	Len	m
20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 4-26-59	Green Hill	~	22d LOCATION (C	ty. town, or con	ennsyl	(Stote)
23. FUHERAL DIRECTOR'S SIGNATURE	ADDRESS	/ 24a. RECO	111111111	246. REGISTRAR	S SIGNATURE	
Undrew A. Colfman,	Hayerstown	MAL DATE	2 0 33	arth	un & three	48
110	//					

	HIM	Q =Q	TA!	DETINE	£4.		
*		THE RE					
		Section 1					
	Street and a						
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		1200					
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							TOTAL STATE OF THE PARTY OF THE

VS A15 (4) 15M 9/5B

death. Page 4

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4851 **CERTIFICATE OF DEATH** 

1. PLACE OF DEATH  o. COUNTY  WASHING	TON	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE	nere deceosed	lived. If institution b. COUNTY	on: Residence b	efore admission)
b. CITY OR TOWN (If outsid RURAL and give nearest to	le corporote limits, write own)	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (If o	outside corpore	ote limits, write R	URAL ond give	nearest town)
HAGERSTOWN		8 DAYS	1	PRING	RT 2		
d. NAME OF HOSPITAL (IF F OR INSTITUTION WASH. COUNTY	not in hospital, give street HOSPITAL	oddress)	d. STREET ADDRESS ROUTE 40	WEST			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First BESSI	Middle E. LOUIS	E LESHER	4. DATE OF DEATH	Mon 4	th I	Day Yeor 5 19 59
5. SEX   6. CC	DLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	1	9. AGE (In years		AR IF UNDER 24 HRS
FEMALE WH	ITE WIDOW		SEPT T3. TO	PT4	lost birthdoy)	Months Day	rs Hours Min.
10a. USUAL OCCUPATION (Given during most of working life	ve kind of work done 10b.	KIND OF BUSINESS OR IN	OUSTRY 11. BIRTHPLACE (Stote	or foreign co	untry)	12. CITIZEN	OF WHAT COUNTRY?
HOUSE WORK	e, even it reitted)	OWN HOME	MARYLANI			U.S	
13. FATHER'S NAME	C - NR 80		14. MOTHER'S MAIDEN N	NAME	- 11 39		
SAMUEL S. M	CCARTY		ALTA MAE N	ATIJS.			
1S. WAS DECEASED EVER IN U.		SOCIAL SECURITY NO.	INFORMANT		Add	ress	
NO		14-09-0943	W. HAROLD LI	SHER	CLEAR	SPRING	MD
1B. CAUSE OF DEATH [E		ure for (o), (b), ond (c).]					NTERVAL BETWEEN DISET AND DEATH 2 WEEKS
592 X	DUE TO						
Conditions, if ony, wh	nich) (b) CHR	ONIC GLOMERUL	ONEPHRITIS WITH	HYPER	TENSION		IS YEARS
gove rise to immedi	iote Due To						
lying couse lost.	(c)						
PART II. OTHER SIG	ENIFICANT CONDITIONS	NONE	UT NOT RELATED TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	DERLYING   20b. DES USE OF DEATH (AL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port   or Port	II of item 18.)		
20c, TIME OF INJURY Mo Hour o. m. p. m.	While		PLACE OF INJURY (Home, form foctory, street, office bldg., etc	20f. (City	or town)	(Coun	ity) (Stote
21. I certify that I c	attended the decea	sed fram MARCH	2, 1959 19 , ta Al	PRIL 15,	, 19 59	that I last s	aw the deceased
alive an APRIL 15			th accurred at 10,35 I				
	100				eet, city or town,		DATE SIGNED
SIGNATURE Che	Kii Uzoko	us ( ohen	M.D.				
PHYSICIAN'S NAME (Type)	ARCHIE ROBE	RT COHEN, M.D	. CLEAR SPE	RING, M	ARYLAND	APRI	L 16, 1959
	b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATI	ION (City, town,	or county)	(Stote)
BURIAL (Specify)	/18/59	ROSE HILL	CEMETERY	CLEA	R SPRIN	NG, MD.	
23. FUNERAL DIRECTOR'S SIGN	NATURE	ADDRESS		D BY REGISTE		STRAR'S SIGNA	TURE
John 7. Cla	rp	CLEAR SPRI	NG, MD. DATE A	PR 2 0 'S	59 0	Withun S. +	have

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A SECOND REPORT OF THE PROPERTY OF THE PROPERT

THE STATE OF THE PARTY OF THE STATE OF THE S

# eral directar, d be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 M : After this certificate has been signed by the attending physicion and campletely filled in by the ached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shaburial, cremation, ar removal, and in both event within 72 haurs after death.

e haspital ar attending physician.

the registrar priar to burial, cremation, ar removal,

page 3 shauld be a TO FUNERAL DIRE

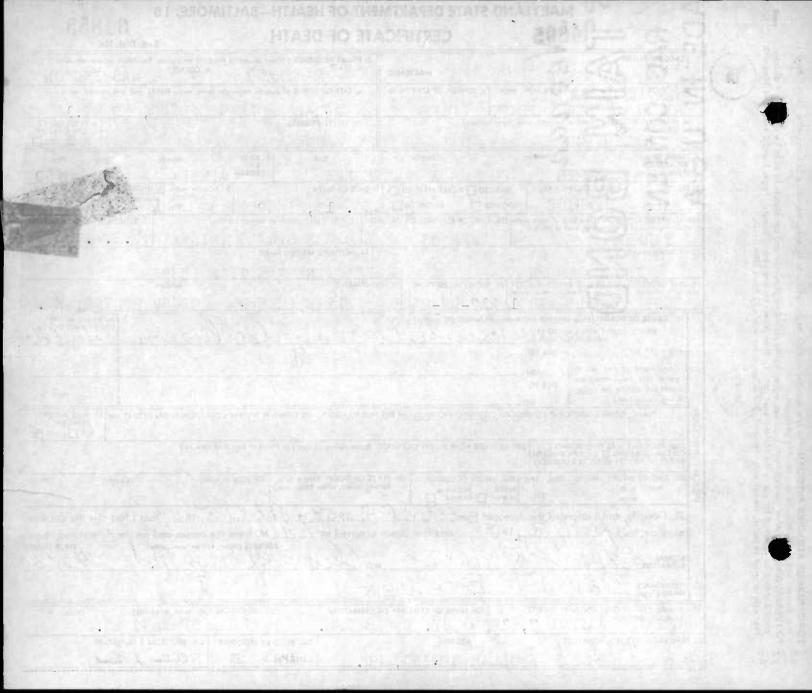
VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4895

**CERTIFICATE OF DEATH** 

()4855 Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY  WAS	HINGTON		MAR	YLAND	o. STATE	ARYL		l lived. If instituti b. COUNTY		SHIN	
b. CITY OR TOWN RURAL ond give	(If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR To	OWN (If o	utside corpo	rote limits, write R	URAL and gi	ve nearest	town)
RITE AT.	CLEAR SP	RINC	LTER		X BIR	ΔΤ.	CLEA	R SPRT	NC M	D RT	1
d. NAME OF HOSP	ITAL (If not in hospital, o		oddress)		d. STREET AL	444			,	e. IS	RESIDENCE
OR INSTITUTION	DENCE				NO	NE					S NO T
3. NAME OF	Fie	st	Middle	e	lost		4. DATE	Mor	ith	Day	Yeor
(Type or print)	ELMER		Δ	T	ESHER		DEATH	APRIL.	4	-4	1959
5. SEX	6. COLOR OR RACE	7. MARI	RIED   NEVER MARRI	ED T	DATE OF BIRTH			9. AGE (In years	IF UNDER 1	YEAR IF L	INDER 24 HRS.
MALE	WHITE	WIDOW		/-	TEC 13	18	do	lost birthdoy)	Months D	Days Ho	wrs Min.
100. USUAL OCCUPAT	ION (Give kind of work	done 10b.	Land	OR INDUS	TRY 11. BIRTHPLA	CE (Stote	or foreign co		12. CITIZ	EN OF W	HAT COUNTRY
FARMER	rking life, even if retired	)	FARMING		CLEA	R CD	RING	DISTR		S.A.	10000
13. FATHER'S NAME			I. WICKET ME.	7 9 1	14. MOTHER'S			1040 (16.	rarosi	0 0 11 0	100
TOO	AC TECHER				CAE	T (TETT 1	NITE OF	OF TEO	CIGIL		
	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	D. 17. IN	FORMANT	HE-H. I	IN H.	bbA	ress		
(Yes, no. or unknown)	(If yes, give war or dates of s		77 00 05	O.E	EI7T	ים די יי	CUIPD			DING	MID
TIB. CAUSE OF DE	MURLU WAR		C17-09-93	i O	Edyld.	E LE	SHER	CLE	AR SPI		11110
	ATH [Enter only one co ATH WAS CAUSED BY:	ouse per i	ne for (0), (b), ond (c)	10	7 47 4		1)0	1			AND DEATH
	IMMEDIATE CAUSE (o	-	mure	- 1	ona	14	UC	andi	on	K	udde
420,1	DUE TO					(					
Conditions, if		)(				V					
couse (o), stoting	the under- DUE TO										
lying couse lost	- , (										
PART II. O'    Value   Value	THER SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASI	CONDITION GIV	EN IN PART	PI	AS AUTOPSY ERFORMED?
200. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRED	. (Enter noture of	injury in f	Port I or Port	II of item 1B.)			
20c. TIME OF INJU	RY Month, Day, Ye	or 20d. I	NJURY OCCURRED	20e. PLA	CE OF INJURY (H	lome, form	, 20f. (City	or town)	(Co	ounty)	(Stote)
Hour o.m.	19	While of wor		roc	lory, street, office	blag., etc.	1				
II - No.	hat/I attended the	docoos	ad from The	10	34, 1959	to A	Thai	0.5 10.5	The Lie		
//	BAIL 3	19	1-0	do ab	-	7/2	7		•		the deceased
olive on	1	5	z-f-,-, and mai	deam	occurred at			the couses of the courses of the courses of the courses of the course of		e date s	DATE SIGNED
ACTUAL	TITAX	191	111res	/	100	0 4	Mh.	centerly or lown.	n	.2	2// /2
SIGNATURE	2009		000-0	^	A.D. C		Type 1	sny.	141		16/01
PHYSICIAN'S NAME (Type)	David	M.	Drev	ve	7			V			
220. BURIAL, CREMATI	ON, 22b. DATE THEREC	)F	22c. NAME OF CEM				22d. LOCAT	ION (City, town,	or county)		(Stote)
BURIAL	APRIL 7	, 19	959 ST.	PAUI	S CEM.		CLE	CAR SPR	ING, I	MD.	
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			240. REC'I	D BY REGIST	RAR 24b. REGI	STRAR'S SIGN	NATURE	OH ET
John +	llark	CLE	TAR SPRIM	ic n	(ID	DATEAPE	9 '59	an	Chung & A	Court	



VS A15 (4) 15M 10/57

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18	
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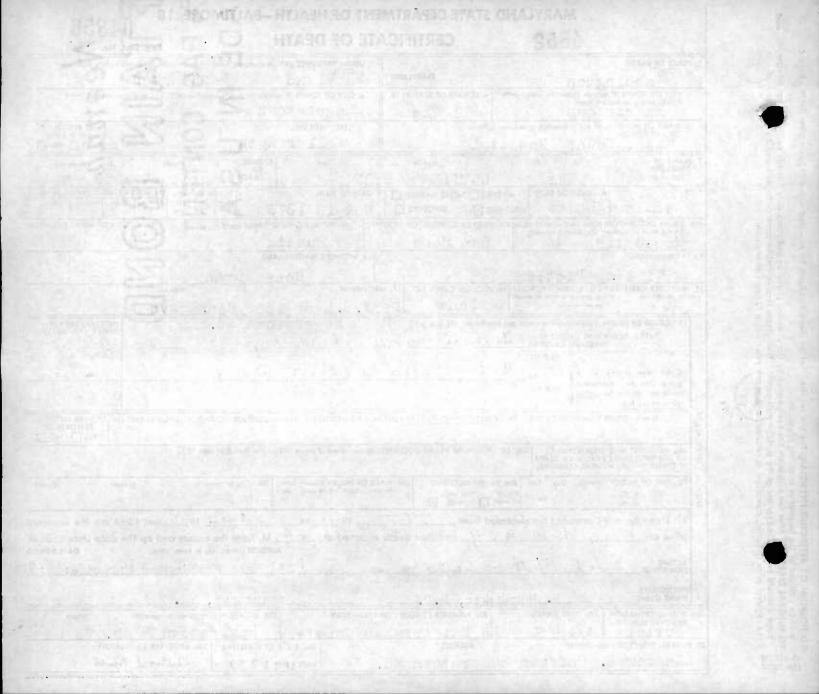
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#### CEPTIFICATE OF DEATH

04856

2002	GERTITIOA	IL OI DEATH	Reg. D	ist. No. 302
1. PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where decement of the state Maryland	washing ton	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co 3 Hagerstown	rporote limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Wash. County Hospit	ddress)	d. STREET ADDRESS Moller Apt	8	e. IS RESIDENCE ON A FARM? YES NOW!
3. NAME OF DECEASED First	Middle	Lost 4. DAT OF DEA	The second secon	Day Yeor
TIME		DATE OF BIRTH	9. AGE (In years   IF UNDER	1959 19 R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Presid	Oct 12 1879 RY 11. BIRTHPLACE (Stote or foreign Russia	country) 12. Cl	TIZEN OF WHAT COUNTRY
13. FATHER'S NAME	OMIL HOWE	14. MOTHER'S MAIDEN NAME	10	DA .
William Plotle:		Rose K	່າາກຸດກ	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. (Yes. no. or unknown) (If yes, give wor or dotes of service)	**	ORMANT I.B.Lyon 1500	Address	
18. CAUSE OF DEATH [Enter only one couse per line PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		Hagerstown	Md.	INTERVAL BETWEEN ONSET AND DEATH
1400.0 DUE TO	trioschoot	, 0	reur	about 10
gove rise to immediate couse (a), stating the under:  tying couse lost.				1
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PAR	PET 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or I	Port II of item 1B.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJ Hour o. m. 19 While of work	_ Not while Tocto	E OF INJURY (Home, form, 20f. (Cry, street, office bldg., etc.)	City or town) (	County) (State)
21. I certify that I attended the deceased alive an A-1A-, 19 deceased actual signature of the A-1A-, 19 deceased at the deceased alive and the deceased alive al	Character 1	accurred at 130 P. M. fr	9-14, 1947, that I om the causes and an t (Street, city or town, stote) St. Washington	he date stated above DATE SIGNED
PHYSICIAN'S NAME (Type) John H. Hormba	ker M.D.	Hagers	town, Md.	
20. BURIAL CREMATION, REMOVAL (Specify) Burial 4/16/59		m Cemetery H	ATION (City, town, or county) agarstown Wa	(Store) sh. Co Md
Andrew K. Coffman Ha	gerstown Md.	24a. REC'D BY REG	0 . 0	

DATE APR 1 7 '59



## FOR STATE HEALTH DEPT.

Files. Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral digitary. Page 4 should be for ed to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for it files.

TO FUNERAL DIRESTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Book of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57 d

44.4	DVI AND CT		MENT OF I	IPALTIL DA	17111005	
		ATE DEPART				
4853	MEDICAL	EXAMINE 4/17/59	R'S CERTI	FICATE OF	DEATH	
Item 9.	Film G241	4/17/59	fcy			

()4857 Reg. Dist. No. 302

1.	PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
	Washing	ton		MARYL	AND	· Maryl	and	Waghi	Mgton			
	b. CITY OR TOWN (If and give nearest fown)	autside corporate limits, write	BURAL	c. LENGTH OF STAY I	N 1b			porote limits, write		segrest lown)		
	Hagerston	yn		1 Hr		03 Harre	erstown	ties mi	86			
1	d. NAME OF HOSPITA	L OR INSTITUTION (I	f nat in hos	pitat, give street address		d. STREET ADDRE		*		. IS RESIDENCE		
		Baltimore :				130 E.	Balti	more St	reet	YES NO		
3	NAME OF DECEASED	Firs	1	Middle		Lost	4. DATE	Mont	h Doy	Yeor		
	(Type or print)	RALPH	P	AGE	MA	RPEL	OF DEATH	April 6	3 1959	19		
5.	. SEX	6. COLOR OR RACE	7. MARRIE	DENEVER MARRIED	B. 0	PATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 24 HRS.		
	Male	White	WIDOWE	DIVORCED [		ug 17 19	901	3857 yrs.	Months Doys	Hours Min.		
10	Oa. USUAL OCCUPATION	N (Give kind of work of	lone 10b. K	IND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (S	itate or foreign	country) M(	1. 12. CITIZEN O	F WHAT COUNTRY?		
	Makes Blu	e Prints	F	airchild		Hagers	town Wa	ash. Co	US	SA		
1	3. FATHER'S NAME					14. MOTHER'S MAID	EN NAME					
	Arthur	H. Marp	el			Camil	lla Eve	erhart				
	5. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO.		ORMANT		Address				
1	No				Mrs	Jane W.	. Marpe	el 130 E	. Balti	Lnore St		
	18. CAUSE OF DEAT	H [Enier only one cou	se per line	far (a), (b), ond (c). ]		Hagers	town Mo	i.	INTE	EVAL BETWEEN		
		WAS CAUSED BY:		Gun shot	into	skull and	d brain	(32 mlih		TAND DEATH		
	976X	DUE TO						revo	iver)			
	Conditions, if on	y, which ) (b)							38			
	gove rise to immedi											
	couse lost.	(c).										
12	PART II. OTHE	R SIGNIFICANT CON	TIONS CO	INTRIBUTING TO DEATH	BUT NO	T RELATED TO THE T	ERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(0)	9. WAS AUTOPSY		
CEBTISIC ATTOM										PERFORMED? YES NO K		
1312	PRIMARY OF CON	SE WAS	DESCRIBE	HOW INJURY OCCUR	ED. (Enl	er nature of injury in	Port I or Part II	of item 18.)				
		IKIBOTINO L	S	hot self in	hea	d						
MEDICAL	20c. TIME OF INJUR	Month, Day, Yea	20d. 1	NJURY OCCURRED 204	PLACE	OF INJURY (Home,	form, 20f. (Cit	or town)	(Caunly)	(State)		
MES	12:30 p. m.	Apr/ 6 195	9 While	Not while		car	H	agerstown	1 Wash	Md		
	21. I certify the	at I toak charge		emains described	abav	e, held an Auto	apsy [], 1	nspection R	Inquiry	, and in my		
	opinion death r	esulted from: N	latural d	causes . Accid	ent [	, Suicide	, Homicide	, Undete	rmined manne	er 🗍		
		000	. 1									
	ACTUAL SIGNATURE	Moties	7 U	ello		M.D. CHIEF MEDICA	L EXAMINER	200		DATE SIGNED		
-	PWALINIERIA	S Poho	- 1d - 1	11 - 16 D		ASSISTANT ME	DICAL EXAMINE	R 🗀	1. / -			
	EXAMINER'S NAME (Type)	o . Robe	rt we	lle, M.D.		DEPUTY MEDIC	CAL EXAMINER	3	4-6-5	9		
2	20. BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREO	F	22c. NAME OF CEMETER	Y OR C	REMATORY	22d. LOCA	TION  City, town.	or county)	(Stote)		
	Burial	14/8/59		Rose Hil	1 Ce	emetery	Hage:	rstown 1	Mash. Co	Md.		
2	3. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		240. [	REC'D BY REGIST	RAR 24b. REGI	STRAR'S SIGNATU	RE		
	Andrew K.	Coffman	Hag	erstown Me	d.	DATE	APR 9 '5	ig an	Thur S. Har	A		

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			7540 655	
		TERROR VIEW WINSON		
arine concess.		2027 FT 1967 TW	- NTS - +	
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		H12-7-	TELE TAR DE	
CHANGE TO SERVE	62 F. R9A			

#### FOR STATE HEALTH DEPT

tours after death. If any delay is necessary, please is Pages 1, 2, and 3 to the funeral director. Page m PM3. Page 5 may be retained for it files. It pages 1 and 2 with the State Baal of Health, ent within 72 hours after death.

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0	H 60	4	-	10
7			70	Ĭ
5 S TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 h		16	TO FUNERAL DIRECTOR: Page 3 should be used as a burial mansin permit. File	
43.	M	2/4	7	
21	A) (	4/3	1	

٧5.	A15ME
51	1 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4854 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()4858 Reg. Disl. No. 302

1.	D. COUNTY	ashington		MARYLA	ND	2. USUAL RESIDENCE (	Where decease <b>vland</b>	b. COUNT			ore odmission)
Ł	. CITY OR TOWN I	outside corporate limits, writ	RURAL	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (I		orote limits, write			
9	Hagersto			35 days		03 Hage	erstown				
-	The same of the sa	The state of the s	f not in h	ospital, give street address)		d. STREET ADDRESS					e. IS RESIDENCE
	Washing	ton County	Hosp	ital		/ 28 H	Broadwa	y			YES NO K
	NAME OF DECEASED (Type or print)	Fir HARRY	)†	Middle EDW IN		Losi MART IN	4. DATE OF DEATH	April Month	1	Doy 3	Year 19 59
5. 9	EX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. C	DATE OF BIRTH		9. AGE (In years		1YEAR	IF UNDER 24 HRS.
1	nale	white	WIDOW	ED DIVORCED	1 5	September 28	8, 1874	lost bighday)	Months	Days	Hours Min.
10a	USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote	e ar foreign co	ountry)	12. CITI	ZEN OF	WHAT COUNTRY
1	Barber	ng life, even if retired)	9	Self Employed		Emmitts	burg. M	laryland		U.S.	. A.
13.	FATHER'S NAME			*	Ti	14. MOTHER'S MAIDEN			1		
	Jo	hn David M	artir	1		Henr	ietta H	lann			
	WAS DECEASED EV	ER IN U. S. ARMED FO		6. SOCIAL SECURITY NO.	17. INF	ORMANT		Address			
	no	(it yes, give war or odies or	2	220-30-9611	Mrs	. Ethel Man	rtin	Hagerst	own,	Mai	ryland
	18. CAUSE OF DEA	TH [Enter only one cou	se per lin	e for (a), (b), and (c).]						INTER	VAL BETWEEN
	PART 1. DEA	TH WAS CAUSED BY:		Fracture	ed a	kull with	intra-	ranial		CINSE	T AND DEATH
	812×	DUE TO		2200001	, ,	112011		morrhage	9		33 days
	Canditions, if a gave rise to imme (a), stating the cause lost.	diate cause									
ATION	PART II, OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH I	BUT NO	T RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PAR		P. WAS AUTOPSY PERFORMED? (ES NO X
CERTIFICATION	20g. EXTERNAL CAPRIMARY & or CO CAUSE OF DEATH.	USE WAS NTRIBUTING []	b. DESCR	destrian cro	D. (Enl	er noture of injury in Port	nt for Port II o	struck	by au	tomo	bile
MEDICAL	20c. TIME OF INJU Hpur XXXX 12:40 p.m.		Wh	INJURY OCCURRED 20e.	factory	OF INJURY (Home, form, street, office bldg., eldings, eld	c.)	or town) gerstown	(Cou	ash	(State) Md
	21. I certify the	hat I taak charge	af the	remains described	abave	e, held an Autaps	sy 🔲, In	spection x.	Inquir	у П.	and in my
	apinion death	~ ~ ~		causes []. Accide	nt X	, Suicide [],	Hamicide	, Undete	rmined n	nanne	
	ACTUAL SIGNATURE	S. Koles	Ty	wells		M.D. CHIEF MEDICAL E					DATE SIGNED
	EXAMINER'S NAME (Type)	S. Ro	bert	Wells, M.D.		DEPUTY MEDICAL			4	-6-5	59
220	Burial, CREMATIC REMOVAL (Specify	14/7/1959	F	Rose Hill C		rematory tery		ION (Cily, lown, o			(Stole) Maryland
23.	Suter-Rou	7	Home	ADDRESS Hagerstown	, Mc		APR 8		STRAR'S SIG		

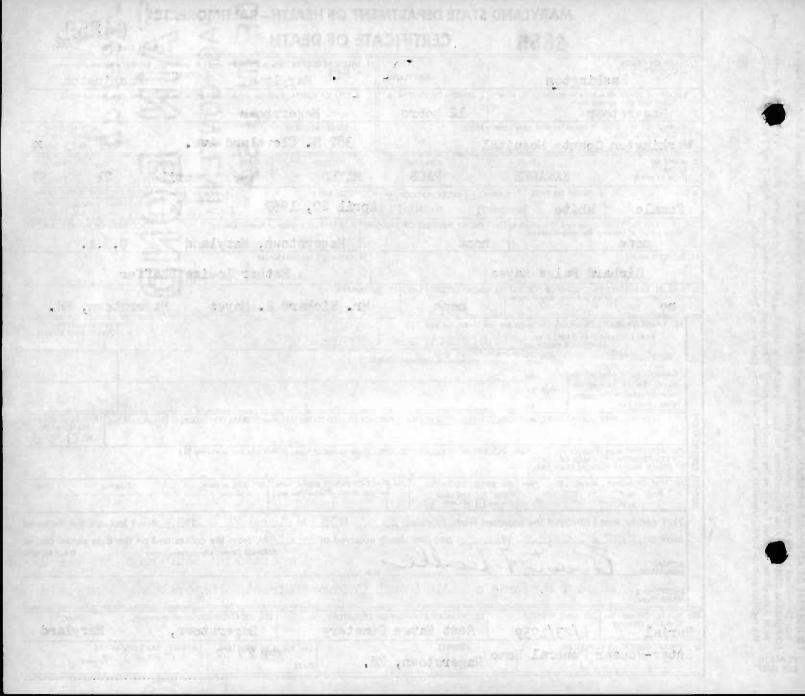
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## MORYGAND STATE DEPARTMENT OF HEALTH - RAUTIMORE CSS & MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	485	3	CERTI		ATE OF DEAT			Reg. Dist.	NO.	102
a. COUNTY	ashington		MARY	LAND	2. USUAL RESIDENCE (W. g. STATE Mary		d lived. If institution b. COUNTY		before odm	
b. CITY OR TOWN RURAL and give	(If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	e-CITY OR TOWN (IF		rate limits, write R	JRAL ond giv	re nearest to	wn)
Hagers	A		12 hours	5	03 Hager	stown				
OR INSTITUTION	PITAL (If not in hospital, g				d. STREET ADDRESS 382 S. Cl	evelan	d Ave.		ON	ESIDENCE A FARM?
NAME OF DECEASED (Type or print)	KAWANI		Middle PA GE		MAYES Lost	4. DATE OF DEATH	Mon April		Day 21.	Year 19 59
i. SEX	6. COLOR OR RACE	7. MARI	TED NEVER MARRIE		8. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER I		
Female	White	WIDOW	DIVORCE	DO	April 20, 19	59	yrs.	Months D	ays Hour	Min.
none 3. FATHER'S NAME	rion (Give kind of work orking life, even if retired	)	none	R INDU	Hagersto 14. MOTHER'S MAIDEN	wn, Ma		U	S.A.	AT COUNTRY
	FR IN U. S. ARMED FOR		SOCIAL SECURITY NO	117 6	NFORMANT	s cuer.	LOUISE SI			
Yes, no, or unknown)	(If yes, give war or dates of s		none	1	Mr. Richard	R. Ma		agers	town,	Md.
	EATH [Enter only one co								INTERVAL ONSET AN	BETWEEN
754.5	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	7	ongenital h		t disease se				Birth	1
754.5 Conditions, if gave rise to cause (a), stating lying cause last	Ony, which immediate g the under-	N	o other dis	seas		NNAL DISEAS	E CONDITION GIV	EN IN PART I	B1rth	S AUTOPSY FORMED?
Canditions, if gave rise to couse (a), stating lying cause loss  PART II. O  OR CONTRIBUTING (IF EITHER, NOTIF	Ony, which immediate g the under-	N ) DITIONS (	o other dis	Seas	se			EN IN PART I	B1rth	S AUTOPSY
Canditions, if gave rise to couse (a), stating lying cause loss  PART II. O  OR CONTRIBUTING (IF EITHER, NOTIF	IMMEDIATE CAUSE (a DUE TO ony, which immediate g the under- ther SIGNIFICANT CON  VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Month, Day, Yee	N  Ditions (  20b. DES(  While	O other dis	ATH BUT	SE  NOT RELATED TO THE TERM	Port 1 or Por	t II of item 18.)		B1rth	S AUTOPSY FORMED?
Conditions, if gave rise to cause (a), stating lying cause lost PART II. O OR CONTRIBUTION (IF EITHER, NOTHE Hour a, ITM. p. m.	IMMEDIATE CAUSE (a DUE TO ony, which immediate go the under. } DUE TO (c THER SIGNIFICANT CON YAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Month, Doy, Yee 19	DITIONS (20b. DES)	CONTRIBUTING TO DEA	ATH BUT  CCURRE  20e. PL  601	D. (Enter nature of injury in ACE OF INJURY (Home, for clary, street, office-bidge, et accurred at 8:55	Port I ar Por	t II of item 18.}	(Co-	(o) 19. WA PER YES [	S AUTOPSY ORMED? NO (State) e decease
Conditions, if gave rise to couse (a), stating lying cause loss PART II. O PART II. O OR CONTRIBUTING (IF EITHER, NOTIF 20c. TIME OF INJUMENT OF INJUM	IMMEDIATE CAUSE (a DUE TO ony, which immediate g the under- to continue to the total	DITIONS OF THE PROPERTY OF THE	CRIBE HOW INJURY OF NOT WHITE A DOT WATER OF WATER OF WATER OF A DOT WATER OF A D	ATH BUT  CCURRE  20e. PL  for  death	D. (Enter nature of injury in ACE OF INJURY (Home, for clary, street, office-bidge, et accurred at 8:55	Port I or Por	or town)  1 11 of item 18.)  1 19.59  In the causes a lifeet, city or jown, WN, Mar	., that I la nd an the state) yland	B1rth  (o) 19. WA PER YES [  unity)  st saw the date sto	S AUTOPSY ORMED? NO (State) e decease
Conditions, if gave rise to cause (a), stating lying cause lost PART II. O  200. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOTIFE PART III. OCCUPANT)  200. TIME OF INJUMENT OF I	IMMEDIATE CAUSE (a DUE TO ony, which immediate go the under.)  THER SIGNIFICANT CON  VAS UNDERLYING [Cause of Death Y MEDICAL EXAMINER]  JRY Month, Day, Yes  That I attended the oril 20, 195  Robert F.  ON, [22b, DATE THEREC	DITIONS OF PARTY OF P	CONTRIBUTING TO DEA  CONTRIBUTING TO DEA  CRIBE HOW INJURY OF  CRIBE HOW INJURY OF  CONTRIBUTING TO DEA  LOCAL NAME OF CEME  Rest Have	CCURREL 20e. PL foot	D. (Enter nature of injury in ACE OF INJURY (Home, for closy, Alreet, office-bldg, at accurred at 8:55  Hag M.D.  R CREMATORY	pril 2 Am, from ADDRESS (Serston	or town)  1 11 of item 18.)  1 19.59  In the causes a lifeet, city or Jown, WII, Mar	,,that I la nd an the side) yland town,	Birth  (o) 19. WA PER YES [  unity)  st saw the date sto	S AUTOPSY ORMED? NO (State) e deceased



VS A15 (4) 15M 10/57



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

LOFE

04861

Ciriling & Kraus

4007				Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who. STATE	ere deceased lived. If institution b. COUNTY	: Residence before admission) Washington
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		utside corporate limits, write RUF	
RURAL and give nearest town) Hagerstown	5 mo. 13 days		erstown	AL and give nearest town;
d. NAME OF HOSPITAL (If not in hospitol, give street	et oddress)	d. STREET ADDRESS		e. IS RESIDENCE
Garlock Nursing Home		/ 11 West Ar	ntietam Street	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) FILVA	GRACE Middle	MIDDLEKAUFF	4. DATE Month OF DEATH April	Day Year 13 19 59
Fomolo White	RRIED NEVER MARRIED M	B. DATE OF BIRTH November 14,	9. AGE (In years II	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Dookeeper	b. KIND OF BUSINESS OR INDUS		or foreign country) on, Maryland	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME	*	14. MOTHER'S MAIDEN N	IAME	
Joseph A. Middlekar	aff		ary E. ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	6. SOCIAL SECURITY NO. 17. IF	NFORMANT	Addres	5
(Yes, no, or unknown) (If yes, give war or dates of service)	214-14-6676A L	eRoy Heard	Hagerstow	m, Maryland
18. CAUSE OF DEATH [Enter only one couse per	line for (o), (b), ond (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		1	. (0:	ONSET AND DEATH
IMMEDIATE CAUSE (6)	puruman cano	lio-Vescul	ar History	6mo
443 A DUE TO				
Conditions, if ony, which gove rise to immediate (b)				
couse (o), stoting the under-				
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	19. WAS AUTOPSY PERFORMED?
20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in P	ort I or Port II of item 18.)	1
5 20c. TIME OF INJURY Month, Day, Year 20d.		ACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
20c. TIME OF INJURY Month, Day, Year 20d. Hour o. m. 19 Whit of we	e Not while for	tory, street, office bldg., etc.	}	
21. I certify that I attended the decea	sed from Mourant	105 C to 0	pai 0 13 10 59	that I last saw the decease
alive an april 11th, 19		accurred at 300A	.M, fram the causes and	d an the date stated above
0 1 -	1000		ADDRESS (Street, city or town, sto	ofe) DATE SIGNE
SIGNATURE OMEST	Poolembl.	M.D. 1382U.U	Joshingto	_ Ph.
PHYSICIAN'S NAME (Type) Ernest F. Poo	le M. D.	Hagers	town, Maryland	
220. BURIAL, CREMATION, 22b. DATE THEREOF Burial 4/15/ 1959	Rose Hill Cen	metery	22d. LOCATION (City, town, or Hagerstown,	(Stote) Maryland
23 FUNERAL DIRECTOR'S SIGNATURE Suter-Rouzer Funeral Home	ADDRESS			RAR'S SIGNATURE
1. From bolon Porse	Hagerstown,	Md. DATAPR	16'59 Crilm	1 & Kroug

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		134	Joseph A. Market
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VS A15 (4)

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04862

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o, STATE b. COUNTY MARYLAND ASHINGTON WASHINGTON b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ERSTONA KURAL d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF First Middle 4. DATE Month Yeor DECEASED (Type or print) DEATH 1950 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER TYEAR IF UNDER 24 HR AGE (In years last birthday) Months Days Hours MAL WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) RMER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) DOCAISBOROMD 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the under lying couse lost. CERTIFICATION PART UNOTHER SIGNIFICANT CONDITIONS CONTRIBUTING JO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? To withoute YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW MUJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) Hour o. m. factory, street, office bldg., etc.) While Not while of work of work p. m 21. I certify that I attended the deceased from 4. that I last saw the deceased and that death accurred at 2:35 M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE APR 2 4 '59 arthur & House

MM 16 10 15 LT (

VS A1S (4) 15M 9/5S

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4896

**CERTIFICATE OF DEATH** 

04863

	keg. Dist. I	40.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be o. STATE b. COUNTY	efore admission)
WASHING-TON MARYLAND	BALL STATE OF THE	HINGTON
b. CITY OR TOWN (If outside corporate limits, write property of the property o	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest fown)
BOONSBORD LIFE	X BOONSBORD	
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
South MAIN ST.	DOUTH MAIN ST.	YES NO
3. NAME OF First Middle  DEARL ACALES  OF ARL ACALES	NORGAN  4. DATE Month OF DEATH APRIL - 5 -	Day Yeor 19.59
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	R DATE OF BIRTH 9. AGE (In years I F UNDER 1 YE	AR IF UNDER 24 HRS.
TEMALE WHITE WIDOWED DIVORCED	SEDT-7-1877 Sepirthday Months Day	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU		OF WHAT COUNTRY?
during most of working life, even if retired)	2 ITTLESTOWN WASH. CO. NID	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	. 4 - 51
LEWIS NONES	MARY KAUFFMAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no. or unknown) (If yes, give wer or dates of service) NONCE	JOHN F. MORGAN BOONSBO	RO MD.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		NTERVAL BETWEEN
PART F. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) TURLEY MALE	elevolle Mart	NSET AND DEATH
420.0 DUE TO		1
Conditions, if ony, which		
gove rise to immediate Dus TO		
lying couse lost.		
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0	19. WAS AUTOPSY
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		PERFORMED?
200. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRING OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Port II of item 18.)	
	LACE OF INJURY (Home, farm, 20f. (City or town) (Coun	ty) (Stote)
	octory, street, office bldg., etc.)	(5.0.0)
/2	1 1069 1 120 11 1089 11 11	., 1
21. I certify that I attended the deceased from That I	1 2 0	saw the deceased
alive an 19 , and that deat	h accurred at 1901. M, from the causes and an the a	
ACTUAL SUPPLIFICATION	ADDRESS (Street, city or town, stote)	AF DATE SIGNED
SIGNATURE STOUTH	M.D. MOON OUT TO -	16/59
PHYSICIAN'S G. W. Le Van	ne	1
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county)	(Stole)
BURIEL APR 8-1959 BOONSIZE ISO	CEMETIERY BOONSBORD WASH.	CD WID.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA	
- Jale TV- (Smit Boronialia)	md: paysage 1 c 150	
	0) 1/10   DVICTURE 1 0 23   CITIME 8 40	

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W. W. State Company		Manager Po	A SHE THE WAY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## heral director,

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4859

**CERTIFICATE OF DEATH** 

()4864 Reg. Dist. No. 382

1, PLACE OF DEA o. COUNTY Wash	ington		MARYL	AND 2.	usual residence (		Ful ton	on: Residence	before odm	ission)
RURAL god	WN (If outside corporate limit give nearest town)	ls, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (		orote limits, write R	JRAL ond give	nearest to	wn)
	gerstown			2			/.	5 X-	5	
OR INSTITU	HOSPITAL (If not in hospital, granor Nurs				d. STREET ADDRESS				ON	A FARM?
3. NAME OF DECEASED (Type or print)	OLTVE	st	Middle PEARL	MOL	Lost	4. DATE OF DEATH	Mon Apr		Doy 1959	Yeor
5. SEX	Cy and an y	7. MARRI	ED NEVER MARRIED		ATE OF BIRTH		9 AGE (In years	IF UNDER 1 Y		
Femal	The same of the sa	WIDOWE		_	igust 20	1889	69 birthdoy) yrs.	Months Do	ys Hour	Min.
during most e	JPATION (Give kind of work of working life, even if retired)			INDUSTRY						AT COUNTRY?
Housew			Own Home	1.	Fulton		y Pa,	I	JSA	
13. FATHER'S NAM					MOTHER'S MAIDEN	Le Sha	167			
	am Vantz ED EVER IN U. S. ARMED FOR	CES2 14 6	COCIAL SECURITY NO	17. INFO		re pita	Addı			
No. or unknown)	(If yes, give wor or dates of so	ervice)	1030-8876			Vouse	801 Rol		Road	
	F DEATH [Enter only one co I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	( "	e for (o), (b), ond (c).]	uh	Hagers	Fair	line		INTERVAL I	BETWEEN ID DEATH
	O DUE TO, if ony, which ) (b)	Cer	terior	el	still	lent.	Ulines	u	10	you.
	to immediate oting the under-									0
CATI	I. OTHER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT NO	RELATED TO THE TER	RMINAL DISEA	SE CONDITION GIV	EN IN PART 1	o) 19. WAS PERF YES [	FORMED?
	NT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED. (E	nter nature of injury	in Part t or Po	rt II of item 18.)			
Hour .	INJURY Month, Day, Yeo o. m. 19 p. m.	While of work	_ Not while_	Oe. PLACE foctory	OF INJURY (Home, for street, office bldg.,	orm, 20f. (Cit etc.)	y or town)	(Cou	nty)	(Stote)
21. I certi	fy that I oftended the	decease	9	death oc	curred at		m the causes a	nd on the	date sta	e deceased
ACTUAL SIGNATURE_	' Dif	. 1	John	M.D.					4/6	159
PHYSICIAN'S NAME (Type)	D. J. Boy	er 1	35 No Pot	orac	St				//	
220. BURIAL, CREA		F	22c. NAME OF CEMET			7.7	ATION (City, town, o			ote)
Burial DIPE	CTOR'S SIGNATURE		Rose Hi	II Ce	enetery		rstown W	43.4	Co Mc	1.
	v K. Coffmar	Har		/Ma		APR 8	100	TRAR'S SIGN		
WHITE SEA	V 1 a C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1134 5	J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/ 49161 .	DATE	734 41 0	1121	40 E. O.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death: Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRE

S. After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be ached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sy the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

NVO et	CERTIFICATE OF DEATH	202	
		Walter Bridge	
A STATE OF THE PARTY OF THE PAR			

VS A15 (4) 15M 10/57

DA. NIFIZ

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

04865

	485	1	CERTI	FICATE	OF DEAT	Н		Reg. Dist. N	No.
1, PLACE OF DEA	TH			2. US	UAL RESIDENCE (W	here deceased			efore admission)
A 4	HICTOR		MARY	TEAND II	STATE MAIZULAI	N/D	b. COUNT		44
b. CITY OR TO	WN (If outside corporate	limits, write	c. LENGTH OF STAY		CITY OR TOWN (IF			SHINGTO RURAL and give	
RURAL ond	give nearest town)			0.3	2			mount one gree	
	ERSTO WN	. 1	SARVELL			JERST.	DWN		is preinted
OR INSTITU	IOSPITAL (If not in hospit	tal, give stree	oddress)	/ 8.	STREET ADDRESS				e. IS RESIDEN ON A FAR
2221	PENNSY	LVANI	A A'VE	1/2	1221 YE	ENNSYL	VANIA.	AVE -	YES NO
3. NAME OF		First	Middle		Lost	4. DATE	Mo	nth	Doy Yeor
(Type or print)	CIEN	4155	100 000	And I	EN0-00	DEATH	DDD		- 195
5. SEX	C LEM		RRIED NEVER MARRI	TOLY	LENDORE E OF BIRTH		APR		
J. JEA	6. COLOR OR RA				: OF BIKITI		lost birthdoy)	Months Doy	AR IF UNDER 24 s Hours M
FEMALE	WHIT	E WIDOV	VED DIVORCE	DU GUA	(E-28-1	876	82 yrs		
100. USUAL OCCI	PATION (Give kind of w f working life, even if re	vork done 10	. KIND OF BUSINESS C	OR INDUSTRY 1	1. BIRTHPLACE (Stote	e or foreign co	untry)	12. CITIZEN	OF WHAT COL
1.		rirea)	OWN HON	AE I	VP Bank	CD A DA	WASH	Cd. MD.	U.S.A.
13. FATHER'S NAM	WIEE		G VVIV FTON		MOTHER'S MAIDEN		VITSIT	Ca. M.D.	413.17.
A A					TO THE TO MANDER	TATOME.			
CIDH	NHIH	UTZI	= 4			34	STE	VIENS	
15. WAS DECEASI	DEVER IN U. S. ARMED		S. SOCIAL SECURITY NO	), 17. INFORM	ANT		222	dress PEA	NAVE
No.	(17 ) 51, 1910 1131 13 13	a or raince,	NONE	NOFALL	NB MU	LICAL			
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	F DEATH [Enter only on I. DEATH WAS CAUSED		line for (o), (b), ond (c).		ofic C	- /	1.	A 10	NSET AND DE
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NO PART I	I. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO DE	ATH BUT NOT R	ELATED TO THE TERM	MINAL DISEASE	CONDITION G	IVEN IN PART 1(o	19. WAS AUTO PERFORME YES NO
	NT WAS UNDERLYING	7 20b. DE	SCRIBE HOW INJURY O	CCURRED. (Ente	r nature of injury in	Port I or Port	II of item 18.1		1
OR CONTRIB	JTING CAUSE OF DEA	ATH		ccommen (cm)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	OTIFY MEDICAL EXAMIN	-							
9	INJURY Month, Day, o. m.	Year 20d. While	INJURY OCCURRED	20e. PLACE OF	INJURY (Home, formate, office bldg., etc.)	m, 20f. (City	or town)	(Coun	ty) (S
AE III	o. m.		e Not while		, , , , , , , , , , , , , , , , , , , ,				
			. 0/	120		1/0/	~0		
21. I certi	by that I attended	the deced	sed from	1	19, to	1-9-1-		,that 1 last	
alive on_	4/8/	7, 19	, and that	death occu	rred at / co	M, from	the causes	and on the	date stated o
No constitution		1			01	ADDRESS (Str	reet, city or toyn	, stote)	DATE :
ACTUAL SIGNATURE	MAR	110	- Bres	M.D.	Los.		16	1	4/11/
SIGNATURE_	Vict.	Charles of the Contract of the		M.D			7		1-2-6-9-86
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NAME (Type)	10.6.K	1700	01,100.0		GPOS	MOCH	VIO.	ZHAQ	
220. BURIAL, CRE		EREOF	22c. NAME OF CEM	ETERY OR CREW	ATORY	22d LOCAT	ION (City, town,	or county)	(Stote)
PEMOVAL IS	APRIL.	. 6 10.	20 1/			7/		(1.	
100 00 1111		-17,195	Y KAHICEDS	MILLE	ISMAISTISM	V KACI	2 5 12 5 V 1/ 1	I WA	SH CO.M
	CTOR'S SIGNATURE	- 12 193	TI DOUTZERS	MILLE 6	IZIMIETIERY		REPOSVILI	LIE WA	SH CO.M
3. 10 NEWAL DIA	CTOR'S SIGNATURE	12195	ADDRESS BOOKERS		24a. REC	D BY REGISTI	RAR 24b. REC	SISTRAR'S SIGNA	THE CO. IX

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en proportion de la company de la company Regionale de la company de NOTAN LOGICIO DE LA COMPANY DE				
		C. N. J.		

04867

Washington

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

Marshall St.

Days

ON A FARM?

YES NO

Reg. Dist. No.

Months

None Mrs. Bessie Carbaugh Hagersto	wn, Md.
E OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  RT 1. DEATH WAS CAUSED BY: Intraabdominal & vertebral metastastes  IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH O MONTHS
DUE TO  ons, if ony, which )  (b) Carcinoma of sigmoid	2 years & 6 months
se to immediate , stating the <u>under-</u> use lost.  (c)  (c)	
III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IN THE PROPERTY OF THE	19. WAS AUTOPSY PERFORMED? YES NO
DENT WAS UNDERLYING    CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)   NOTIFY MEDICAL EXAMINER	
OF INJURY Month, Doy, Year 20d. INJURY OCCURRED at work at wor	unty) (State)
ADDRESS (Street, city or town, state)	DATE SIGNED
William T. Layman, M. D., Hagerstown, Maryland	18., 4/23/5
remation, 22b. Date thereof 15pecify) +-26-59 22c. NAME OF CEMETERY OR CREMATORY Blue Ridge Cemetery Thurmont, Mary	(Stote)
ond E. Creager Thurmont, Md.   240. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE   APR 28'59   Callung 8.	

VS A15 (4) 15M 9/55



BUREMOVA 23. FUNERAL

## FOR STATE HEALTH DEPT.

files. Health. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for ed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bade, of Health, ar its designated agent, priar to burial, cremation, or remaval, and in any event within 72 hours after death.

## 0 × 0 VS. A15ME 5M 2/57

0

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4897 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04868 Reg. Dist. No.

1. 0	COUNTY Y	Mashington		MARYLA	ND	o. STATE Ma		there decesse land	ed lived. If instit b. COUN	TV 1.1		ngto	
b	CITY OR TOWN ( and give negres) fow Rura		RURAL	c. LENGTH OF STAY IN	16	c. CITY OR TOWN		outside corp		e RURAL o	nd give	nearest to	own)
d		theburg, Mai		spital, give street address)		/ d. STREET ADDRE	ss 5					ON	RESIDENCE N A FARM?
1	NAME OF DECEASED Type or print)	Fir Merle	it	Middle Edward		Overcash		4. DATE OF DEATH	Mon April		Doy		Year 19 59
5, 5	Malc Malc	6. COLOR OR RACE White	7. MARR	DIVORCED	8.	DATE OF BIRTH			9. AGE (In years lost birthday)	IF UNDE Months		-	Min.
10a	USUAL OCCUPATI uring most of worki Stone Ma		dane 10b.	KIND OF BUSINESS OR INI	DUSTR	Rouzer			ountry)		TIZEN C		COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAID	EN N	AME					
	George	Overcash				Cather	cin	e Rowe					
15.		VER IN U. S. ARMED FO		SOCIAL SECURITY NO.	7. IN	FORMANT	121		Addres	12	100		
1	Yes	World War		18-01-8826	I	van Overca	sh	Chan	bersbur	g Pa.	#"	5	
CERTIFICATION	973. 1 Conditions, if gove rise to imme (o), stoling the cause last.  PART II. OI  20a. EXTERNAL CA	underlying DUE TO (c) HER SIGNIFICANT CON	DITIONS C	Carbon Mor	UT NO	OT RELATED TO THE T	ERMII	NAL DISEASE		IVEN IN PA	ART 1(a)		AUTOPSY ORMED? NO 🔀
	PRIMARY TO OF CO	INTRIBUTING [	Con	nected exhau	st	pipe to in	nte	rior o	of car				
MEDICAL	20c. TIME OF INJU Hour 2636 p. m.	Ann 10.		INJURY OCCURRED 20e.  le Nat while ork at wark	facto	E OF INJURY (Hame, ry, street, office bldg. Servoir pr	, etc.)				sbur	g Wa	(State)
				remoins described couses, Accide						, Inqu ermined	mann		nd in my
	ACTUAL SIGNATURE			mell,		M.D. CHIEF MEDICA						DATE	SIGNED
	EXAMINER'S NAME (Type)		s. Ro	bert Wells,MI	).	DEPUTY MEDI					4-22	-59	
220	BURIAL, CREMATI	ON. 226. DATE THEREC	F	22c. NAME OF CEMETERY	OR	CREMATORY		22d. LOCAT	ION (City, lawn,	ar county	)	(Sto	ile)
23.	Burial FUNERAL DIRECTO		9 E 4	Harbaugh!	01	Pa DAT	REC'E	Smith 27 '59		2. Fr ISTRAR'S S Chan &	1		Pa.

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 486 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04869

		2000							Reg. Di	st. No		
	PLACE OF DEATH	ashington		MARYL		2. USUAL RESIDENCE (V		ed lived. If institu b. COUNT				ion)
	and give negrest low	If outside corporate limits, write R m Md.	URAL	12 yrs.	116	c. CITY OR TOWN (III			RURAL and	give n	sorest town	1)
d		TAL OR INSTITUTION (IF	not in hasp	sitol, give street oddress)		d. STREET ADDRESS 46 S. Mu			t		o. 15 RES ON A YES	FARM?
- (	NAME OF DECEASED Type or print)	John John		Franklin		Rhodes	4. DATE OF DEATH	April		29	Yec 19	59
5. \$	Male	White	· MARRIEI	DIVORCED	N	ov. 7 189	1	9. AGE (In years last birthday) 67 yrs.	Mosihs (	YEAR 21	Hours /	24 HRS. Min.
10a. d	usual OCCUPATI uring most of worki	ON (Give kind of work doing life, even if retired)		IND OF BUSINESS OR IN Ilding Itractor	IDUSTRY	11. BIRTHPLACE (Slote Marylan		ountry)		J. S	· A	OUNTRY?
13.	FATHER'S NAME  JO	hn L. Rhod	es		1	4. Mother's Maiden N Mary Eli		h Go <b>ds</b> a	rd			
15. (Yes.	No No	/ER IN U. S. ARMED FORC (It yes, give wor or dotes of service)	ES? 16. S rice) 21			Clinton	Rhode	s Will	iams	oor	t Md	
		ATH [Enter only one cause ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)			otic	coronary h	neart o	disease		INTER	AND DEATH	4
	Conditions, if a gave rise to imme (o), stoting the couse lost.	diate couse		Acute cor	onar	ry thrombosi	8					
CERTIFICATION	PART II. OT	HER SIGNIFICANT CONDIT		NTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	INAL DISEASI	E CONDITION GIV	EN IN PART		PERFORA	NO A
_	20g. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.	NTRIBUTING	DESCRIBE	-none	ED. (Ente	er noture of injury in Por	t I or Port II	of item 18.)				
MEDICAL	20c. TIME OF INJU Hour a.m. p. m.	Month, Day, Year none 19	While	Nat while ot work	PLACE factory	OF INJURY (Home, farm, street, affice bldg., etc.	20f. (City	ar town)	{Cour	nty)		(Stote)
		hat I taak charge o I from: Natural co	- 1					nspection (7), ndetermined c	Inquiry ause .	/ <u> </u> ,	and fi	nd that
	ACTUAL SIGNATURE	Rober	1-1	vello		M.D. CHIEF MEDICAL EX	CAMINER				DATE SIG	ENED
	EXAMINER'S NAME (Type)	S. Ro	bert	Wells, M.D	•	DEPUTY MEDICAL		_		5-1	-59	
	BURIAL, CREMATIC			Riverview				TION (City, town, o		ry]	(State)	
23.	DON RAL DIRECTED	S SIGNATURE LEGE	220.	Meany	wet	THE DATE HA	D BY REGIST	RAR 24b. REGIS	TRAR'S SIG	10	_	

VS. A15ME(5) 5M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH-LASTIMORE, THE

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VS A15 (4) 15M 9/55

	4864	CERTIFIC	ATE OF DEATH		()487() Reg. Dist. No.
1. PLACE OF DEATH	ington	MARYLAND	A STATE	re deceased lived. If institution b. COUNTY	Washington
b. CITY OR TOWN RURAL and give	(If autside corporate limits, nearest tawn)	c. LENGTH OF STAY IN 16 62 years	c. CITY OR TOWN (If or	otside carporate limits, write RU Stown	URAL and give nearest town)
d. NAME OF HOSP OR INSTITUTION	Summer St	e street address)	d. STREET ADDRESS 213 St	ummer St.	e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	Fannie	Roseanna	Rice	4. DATE OF April Mont	Day Year
5. SEX Female	2493 0 4	MARRIED NEVER MARRIED VIDOWED DIVORCED	B. DATE OF BIRTH  July 20, 188	. lost hirthday	Manths Doys Hours Mi
10a. USUAL OCCUPAT during most of wo House	ION (Give kind of work do ruled life, even if retired)	Own Home	USTRY 11. BIRTHPLACE (Stole of Near Wind	1/	U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
	ames M Lam	<u> </u>	Mary Be	ailey	
	rer IN U. S. ARMED FORCE	S? 16. SOCIAL SECURITY NO. 17.		Addr	"Hag erstown l
15. WAS DECEASED EV (Yes, no. or unknown)	FATH [Enter anly one couse  ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)_	214-09-2583 N e per line for (o), (b), and (c).]	Mary Be	L. Wiles	
15. WAS DECEASED EV (Yes, no. or unknown)	EATH [Enter anly one cous ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Only, which immediate g the under-	214-09-2583 N e per line for (o), (b), and (c).]	Mary Be	L. Wiles	Hag erstown ]
15. WAS DECEASED EV (Yes, no, or unknown)  18. CAUSE OF DE PART 1. DE Conditions, if gave rise to cause (a), stoting lying couse last	EATH [Enter anly one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Only, which immediate g the under-	214-09-2583 N e per line for (o), (b), and (c).]	Mary Be Informant Irs. Margaret	L. Wiles	INTERVAL BETWEE ONSET AND DEA
15. WAS DECEASED EV (Yex, no. or unknown)  18. CAUSE OF DE PART 1. DE 4443 × Conditions, if gave rise to cause (a), stoting lying couse last PART II. O	EATH [Enter anly one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ Out TO  any, which immediate (b)_ the under- THER SIGNIFICANT CONDI	16. SOCIAL SECURITY NO. 17. 214-09-2583 No. 17. (c) Per line for (o), (b), and (c).]	Mary Be INFORMANT ITS. Margaret Va	Addr L. Wiles Seular Man	ag erstown Interval Between ONSET AND DEA

\_\_, and that death accurred at ADP M, from the causes and an the date stated above. 137 est Washing ACTUAL Md. Robert P. Conrad Hagerstown PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar county) (State) 4-7-59 Rose Hill Cemetery Hagerstown 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 8 Scott F. Minnich & Son Hag erstown Md. arthur & Hours

# death. Page 4

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft may be retained TO FUNERAL DIRE

TO HOSPITAL OR VS A15 (4) 15M 9/58

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1.000 CERTIFICATE OF BEATH 04871

		4000	1	CERTIFIC	AIE C	IF DE	АІП	101		Reg. D	ist. No		
1.	PLACE OF DEATH a. COUNTY	shington		MARYLAND	2. USUA a. STA	ATE	CE (Who	ere deceased	lived. If institut b. COUNTY			ngton	
	b. CITY OR TOWN ( RURAL and give n Hagers		nits, write	c. LENGTH OF STAY IN 16	c. CIT	**			rate limits, write	RURAL and	give ne	arest tawr	1)
	A NAME OF HOSPI	TAL (If not in hospital, essner Ave	give street		d. ST	Hager REET ADDR	RESS	sner	Ave.,				IDENCE FARM?
3.	NAME OF		irst	Middle		Last		4. DATE	Ма	nth	De	ау	Year
	(Type or print)	Jame	es	В	Rickan	rd :	Sr.	OF DEATH	4		6		19 59
5.	male male	6. COLOR OR RACE white	7. MARR	ED DIVORCED	8. DATE O		1884		9. AGE (In years last birthday) 74 yrs	Months	R 1 YEAR Days	Haurs Haurs	R 24 HRS. Min.
10	during most of wor	king life, even if retire	d)	KIND OF BUSINESS OR INDI	USTRY 11. 8	_			auntry)	12.CI			OUNTRY?
13	retired co	onductor	P	enn. R.R.	14 MO	Luray					US	SA	
13.		4 m: 1			14. ///			9.79.51					
15	WAS DECEASED EVE	nes A. Rick	rard	SOCIAL SECURITY NO.	INFORMAN		ebec	ca Ju		dress			
(Y	es, no, ar unknown)	(If yes, give war or dates of	service)						100				
	no	ama for a			rs. G	race	L. R	ickar	d Hag	ersto	-	Md.	TIMEEN
		ATH [Enter anly one o		ne fo (a), (b) and (c).]	A	10		6	- 1			SEL AND	
	PARI I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (	(0)	OWOURK	110	111	AU	15	snev		/	4	UL.
	420.1	DUE TO	0		Y							.00	1
	Canditians, if a	ny, which )	(b)		/								1
	gave rise to i	mmediate (			(1			100	- 27				
	lying cause last.	the under-	(c)		0								,
CERTIFICATION	PART II. OTI	HER SIGNIFICANT CON	NDITIONS C	CONTRIBUTING TO DEATH BU	IT NOT RELA	TED TO TH	ETERMIN	NAL DISEASE	E CONDITION G	VEN IN PA	RT 1(a)	19. WAS PERFO YES [	RMED?
	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter n	ature of inj	jury in P	Part I or Part	t II of item 18.)				
MEDICAL	20c. TIME OF INJUI Haur a. m.	RY Manth, Day, Y	ear 20d. It While at war	Nat while f	PLACE OF IN	JURY (Hom t, affice blo	dg., etc.	20f. (City	or tawn)		(Caunty)		(State)
>	p. m.	11/1/		11/10	100		1	1//	11-9				
	21. I certify th	nat pended the	e deceas		U-7. 19	9	0	1 9		,that I			
	alive an	7/6/5	7 19	, and that deat	h adcurre	d at	3		the causes a		ne date		
	ACTUAL (	101/4	10	. 0/	/	-1	$\mathcal{M}'$	ADDRESS (SI	treet, city ar taw	, state	/	111	E SIGNED
	SIGNATURE	aut	10	Wir 9/	_M.D.	1.1	44	(hus	Hool	- U	N	7/7	159
	PHYSICIAN'S NAME (Type)		1						'(			1'	/ /
22		N, 2b. DATE THERE	DF .	22c. NAME OF CEMETERY	OR CREMAT	ORY		22d. 100AT	TION (City, town,	ar caunty	)	(Stot	(e)
	burial (Specify)	4-9-59		Rest Haven				Ha	gerstown		12	37.16	Md.
	FUNERAL DIRECTOR		L	ADDRESS		24		BY REGIST		SISTRAR'S			
F	red W. Kra	aiss Hag	erstov	m. Md.		DA	ATE A	PR 9	59	inthus	8 15	A.14	

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VS A15 (4) 15M 9/58

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

4866

04872

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
,	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)  Hagerstown Md.  d. NAME OF HOSPITAL (If not in haspital, give street address)  Washington County Hospital	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Hagerstown Md. 3  d. STREET ADDRESS  328 S. Cleveland Ave.  6. IS RESIDENCE ON A FARM? YES \( \sum \) NO M
	3. NAME OF First Middle DECEASED (Type or print) Annie	Shipley  4. Date Month Day Year Of DEATH April 12 19 59
		B. DATE OF BIRTH  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS.  Nov. 5 1885  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind af wark dane during mast of warking life, even if retired)  Home  Home	Downsville Md. 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME  Levi Cline	Martha Detrow
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	NFORMANT 116 WddresPotomac St. Seorge Lizer Williamsport Md.
)	18. CAUSE OF DEATH [Enter only one cause per line for o), (b) and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate couse (a), stating the under-lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO NO
0	OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part I ar Part II of item 18.)  ACE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (State)
1	21. I certify that I attended the deceased from.	accurred at ADDRESS (Street, city or town, hate)  ADDRESS (Street, city or town, hate)  M.D. ADDRESS (Street, city or town, hate)
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O BURIAL (Specify) April 15-59 Greenlawn	T.T. T. V.
	23 FUREN DIRECTOR'S SIGNATURE Williamsport of	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 1 6 '59  Cutlus 8

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	Washington Bridge		
		No.	
-44 -44	drock wills yesternt	minus one page	Telans
	ALCOHOLD TO THE REAL PROPERTY.	COLUMN TOWN	

# FOR STATE HEALTH DEPT. ony, please for. Page r files. Health, M TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haves after death. If any delay is nece execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 ta the funeral dir 4 should be far at a should be used as barial-transit permit. File pages 1 and 2 with the State Boor or its designated agent, prior to barial, cremation, or removal, and in any event within 72 haurs after death.

2

VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4867 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04873 Reg. Dist. No.

							- The second sec	
1. PLACE OF DEATH	ashington		MARYLAND	2. USUAL RESIDENCE (No. STATE	Where deceased liv	b. COUNTY	esidence before	e admission)
and give nearest town	t outside corporate limits, write RUP/		th of Stay in 16 Transien	c. CITY OR TOWN (I	f outside corporate	limits, write RURAL	ond give near	rest town)
	TAL OR INSTITUTION (If not		street address)	d. STREET ADDRESS		75×	2	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Ponald Donald	E	Middle	lost Shuman	4. DATE OF DEATH	Month April	Day 11	Yeor 19 59
5. SEX Male	6. COLOR OR RACE 7. White will	MARRIED 🔀 NEV	DIVORCED   8	DATE OF BIRTH	9 9. Al	GE (In years IF UN Hontl		FUNDER 24 HRS.
Porte out	ON (Give kind of work done ng life, even if retired)	Capital A	siness or industralist	RY M. BIRTHPLACE (Stole	or foreign country	12.	CITIZEN OF V	WHAT COUNTRY?
13. FATHER'S NAME	1 Jr. Shun	ian		14. MOTHER'S MAIDEN I	Reed			
15. WAS DECEASED EN	/ER IN U. S. ARMED FORCES (If yes, give war or dotes of service	186 - 24	- 7676 Ku	us. Isabel S.	Human	Address - P. L.Y.	Cham	lesolny, /
PART I. DEA  8 / 0 ×  Conditions, If c gove rise to imme (a), stoting the	diote cause	Mul Fra	ractured a				INTERVA ONSET A	il BETWEEN AND DEATH Min.
PART II. OT	HER SIGNIFICANT CONDITION	ONS CONTRIBUTION	IG TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVEN IN		WAS AUTOPSY PERFORMED?
20g. EXTERNAL CA PRIMARY 10 or CO CAUSE OF DEATH.	INTRIBUTING LI	Oriving t	truck and	nter noture of injury in Por struck by to	rain at F	RR crossin		
20c. TIME OF INJU	- Ann 11 50		while focto	CE OF INJURY (Home, formore, street, office bldg., etc.) BORY Rd.	.)		(County)	(Stote) Md.
	hot I took charge of resulted from: Note				sy 🔲, Inspe Homicide 🔲		d monner	and in my
ACTUAL SIGNATURE	, Robert	mel	P	_M.D. CHIEF MEDICAL E			c	DATE SIGNED
EXAMINER'S NAME (Type)	S. Robert Wel	lls, M. I	0.	ASSISTANT MEDIC		. A	pril 12	2 1959
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREOF 4/14/59	£	T Rom		22d. LOCATION	City, lown, or coun	17) Pq.	(Stole)
23. FUNERAL DIRECTOR	R'S SIGNATURE	Chand	ress larg	Pa. DAMPR	D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE House	

ST. THE SHEET AREAST LESS TO THE STATE OF TH The state of the s Estevent of the second of the and the state of t

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MARYLAND	STATE DEPARTM	ENT OF HEALTH	-BALTIMORE, 18	3
4869	CERTIFICA	ATE OF DEATH		() 4874 Reg. Dist. No. 302
1. PLACE OF DEATH o. COUNTY  Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution b. COUNTY	Residence before admission)  Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagerstown	c. LENGTH OF STAY IN 16	-	utside corporate limits, write RUI	RAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION  Washington County Hos	oddress)	d. STREET ADDRESS	rn Boulevard	e. 1S RESIDENCE ON A FARM? YES NO T
3. NAME OF DECEASED (Type or print) HARRY	Middle	SLICK	4. DATE Month OF DEATH APPIL	Doy Yeor 17 19 59
5. SEX 6. COLOR OR RACE 7. MAR white widow	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH October 4, 18	lost highday)	FUNDER 1 YEAR IF UNDER 24 HPS.  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	eat Packer		or foreign country)  Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William H. Slic	k	14. MOTHER'S MAIDEN N	AME Orence Stouffe	r
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no. or unknown) (If yes, give war or dates of service)		Robert K. Slic	k Hagerst	own, Maryland
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	rebyl Hem	orlige	4 0 :	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	penensit (	aroly Vasi	ula Resens	10 yr
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING   20b. DE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Part II of item 18.)	
Hour a.m. While		ACE OF INJURY (Home, form, clary, street, office bldg., etc.	20f. (City ar town)	(County) (State)
21. I certify that I attended the decea	7		1.	that I lost sow the deceased d an the date stated above
ACTUAL SIGNATURE TO MAKE	py	M.D. 2301/0	wmay IT	189059
PHYSICIAN'S F. FLUS b	V	Hagen	mus Mil	

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Rose Hill cemetery

Hagerstown, Maryland DATE APR 2 2 '59

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

arthur S. Haus

Hagerstown.

24a. REC'D BY REGISTRAR

(Stote)

Maryland

VS A15 (4) 15M 10/57 220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE
Suter-Rouzer Funeral Home

4/19/1959

			DEAN.	
Sozial realism	HIABO ROBIN	OPIDIED		
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to the divers			Yang.	
		Madaga Maran	n. 1.17	els
. A. C. D. DEA.	Rangage Colony 1829			3
2012/03/1	marato, i suri	Mo.E.	Litter L.	
Same and the description	No.1 Franco.	964-90-941		
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VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4869

#### **CERTIFICATE OF DEATH**

04876

	11	-01-	~	-
Reg.	Dis	t.	No	
	-	-		_

	1, (	PLACE OF DEATH  D. COUNTY		2. USUAL RESIDENCE (Who			before odmis	sion)
		WASHINGTON	MARYLAND	O. STATE MARULA	M. COUNT		HING	TAKI
	-	. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		tside corporate limits, write			
,		RURAL and give nearest town)  HAG (E12STOWN)	SDAVS	X R	11RA			
		. NAME OF HOSPITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS	UISAC		le. IS RE	SIDENCE
,		OR INSTITUTION	11 -0	1 2	2 11 120 840	2.1		SIDENCE A FARM?
	2	NASHINGTON COUNTY	HOSPITAL		BUIZG MD.	17.1		
		DECEASED	Middle	lost	OF A	onth	Day	Year
		Type or print) F(2/2 y	LYNN	SMITH	DEATH APR	14-	7-	1959
	5. 5	EX 6. COLOR OR RACE 7 MARR	HED NEVER MARRIED	8. DATE OF BIRTH	9, AGE (In years lost birthday)	-	YEAR IF UND	Min.
		MALE WHITE WIDOWE		APRIL - 2 - 19	59 yrs		5	-
	10a	. ÚSÚAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State o	r foreign country)	12. CITIZ	EN OF WHAT	COUNTRY?
		NOME		HAGERSTO	WN WASH.	do. 1	YID. U.S	S. A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA		- 1		
		THURMAN SMI	7-LI		: b 12 1 SI	MITH		
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT		dress		
	Yes	, no ar unknown) (If yes, give war or dates of service)	NONE TI	LUB ADDA SAU	THE CANDOLON	0	han a	21
		In CAUSE OF DEATH IS		TURMAN DALL	TH SMITHS	30KG		
		IB. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY:	- 1 1.1	1			ONSET AND	DEATH
Н		75115 IMMEDIATE CAUSE (0)	regental /	ent sis	ape		500	gu
٣		DOMEST /	00 . 1 0					/
		Conditions, if any, which ) (b)	Tophilo	ule				
		gave rise to immediate couse (a), stoting the under-						
1		lying cause lost. (c)						
1	NO	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GI	VEN IN PART	1(o) 19. WAS	AUTOPSY
5	CERTIFICATION							DRMED?
1	TIFIC	200. ACCIDENT WAS UNDERLYING 20b. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Part II of item 18.)			
	CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	AL.	20c. TIME OF INJURY Month, Doy, Year 20d. IN	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	206 (City or town)	10.	ounty)	(Stote)
	MEDICAL	Hour o.m. While	Not while fo	ctory, street, office bldg., etc.)	l and teny or towns	(Co	ouniyj	(Sidie)
	X	p. m. ly at worl	k at work			1127 127		
		21. I certify that I attended the decease	ed from april >	19 5% to a	ne / 195	4, that ( la	ast saw the	deceased
		alive on Cypric 195	4, and that death	occurred of 3.45	M, from the causes	and on the	e dote state	ed above.
		1 - 1 5		~ ^ A	DDRESS (Street, city or town	, state)	D.	ATE SIGNED
		SIGNATURE SIGNATURE from	resser	M.D. I MAN	Bo tur 12	1		
				/	#-5-5	<i></i>		
		PHYSICIAN'S SIX WEY	YDYEN	STEIN				
9	220	BURIAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town,	or county)	(Stat	lal.
1		REMOVAL (Specify) ADRII - 9.19.59		7	5 . 1 0			
	22	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ADDRESS	CAMETERY	MALLEVICLE	- VIUI	1	ND.
	43.	The state of the s	A A			ISTRAR'S SIGN		
		Jacon H. 18084	POURTH	DATE AL	PR 1 6 '59	Irthug &	Thank	
	-	d11004117						
	0	U8/193XV/						

After Doc No.	E OF DEATH		2000	
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	and American Company			
			A control	
	TOMBOTA CE TOTAL			

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8 cremation Reg. Dist. No. 4 should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Jashma lon MARYLAND uriol, b. CITY OR TOWN (If outside corporale limits, write WIRAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If adtside corporate limits, write RURAL and give nearest town) and give nearest fown) Manco d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS directo . 2 files. ome NAME OF Middle 4. DATE Month for your DECEASED OF DEATH B (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR last birthday) Days WIDOWED [ DIVORCED T 63 yrs. 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? C during most of working life, even if retired) rouse Wile 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME podes Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address File Give PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY form IMMEDIATE CAUSE (a) DUE TO with W. 9 Canditions, if any, which pencil olong gave rise la immediate cause should **DUE TO** (a), stating the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 90 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (County) factory, street, affice bldg., etc.) the While Not while at work at wark p. m. 21. I certify that I took charge of the remains described above, held an Autopsy \(\pi\), Inspection | Inquiry OR: deoth resulted from: Notural couses . Accident . Suicide . Homicide | Undetermined couse ACTUAL CHIEF MEDICAL EXAMINER certific 00 SIGNATURE forworded to FUNERAL ASSISTANT MEDICAL EXAMINER cute the DEPUTY MEDICAL EXAMINER NAME (Type) 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CHE 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME(S) arthur & House 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

ON A FARM?

YES NO

Year

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

PERFORMED? NO P

DATE SIGNED

(State)

(State)

1959

Min.

Day

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Aum	-
K	
N	

4870

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem 2 Film 6241 4-27-59 et CERTIFICATE OF DEATH

				- g
PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where on STATE Maryland	deceased lived. If institution: b. COUNTY	Residence before odmission) Washington
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town) Hagerstown	tite c. LENGTH OF STAY IN 16			AL and give nearest town)
OR INSTITUTION		73 . A	A STATE OF THE STA	St. e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) James	Middle Palmer		DATE Month OF DEATH April	Day Year 159
Mala Whata		B. DATE OF BIRTH May 14/1875		UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	10b. KIND OF BUSINESS OR INDUSTRETIES			12. CITIZEN OF WHAT COUNTRY
THE RESERVE OF THE PARTY OF THE	den			
WAS DECEASED EVER IN U. S. ARMED FORCES?  If yes, give Nond detailed service)	16. SOCIAL SECURITY NO. 17. II		erfield 416	Va.Ava
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if any, which gave rise to immediate cause (o), stating the under-lying cause last.  (c)	Miral V	neumore Perolie Al	uer-	INTERVAL BETWEEN ONSEY AND DEATH
				IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port	f or Port II of Item 18.)	
Hour a.m.	/hile Not while fac	ACE OF INJURY (Home, farm, 2 ctary, street, office bldg., etc.)	Of. (City or town)	(County) (Stote)
active on April 13, 1			A, from the causes and	
PHYSICIAN'S G. Wikel	lan			Ad.
Burial 4/ 15.59	Rose Hil	AND THE RESERVE AND THE RESERV	LOCATION (City, town, or co	
	ADDRESS He garatown Md	7.72 930 0000	REGISTRAR 246. REGISTRA	AR'S SIGNATURE
	b. CITY OR TOWN (If outside corporate limits, we RURAL and give nearest town) HageTstown d. NAME OF HOSPITAL (If not in hospital, give st Washington Co. Hospital Deceased (If not in hospital), give st Washington Co. Hospital Deceased (If not in hospital), give st Washington Co. Hospital Deceased (If not in hospital), give st Washington Co. Hospital Deceased (If not in hospital), give st Washington Co. Hospital Deceased (If not in hospital), give st Washington Co. Hospital Deceased (If not in hospital), give st Washington Co. Hospital Deceased (If not in hospital), give st Washington Co. Hospital Deceased (If not in hospital), give st Washington Co. Hospital Deceased (If not in hospital), give st Washington Co. Hospital Deceased (If not in hospital), give st Washington Co. See Washi	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagerstown  d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  Washington Co. Hospital  MAME OF DECEASED  (Type or print)  SEX    6. COLOR OR RACE   7. MARRIED   DIVORCED   DIV	D. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town  Hagerstown  d. NAME OF HOSPITAL (If not in hospital, give street oddress)  Washington Co. Hospital  MAME OF HOSPITAL (If not in hospital, give street oddress)  Washington Co. Hospital  MAME OF HOSPITAL (If not in hospital, give street oddress)  Washington Co. Hospital  MAME OF HOSPITAL (If not in hospital, give street oddress)  SEX  G. COLOR OR RACE  White Wilder Divorced Special Security May 14/1875  G. USUAL OCCUPATION (Give kind of work done)  Wilder But Divorced May 14/1875  G. USUAL OCCUPATION (Give kind of work done)  Washington to Washington Co. Hospital  Washington to Washington Co. Hospital  Washington Track Market May 14/1875  G. USUAL OCCUPATION (Give kind of work done)  Washington to Washington Co. Hospital  Washington to Washington Co. Hospital  Washington Track Market May 14/1875  G. USUAL OCCUPATION (Give kind of work done)  Washington to Washington Co. Hospital  Washington Track Market May 14/1875  G. USUAL OCCUPATION (Give kind of work done)  Washington to Washington Co. Hospital  Washington Track Market May 14/1875  G. USUAL OCCUPATION (Give kind of work done)  Washington to Washington Co. Hospital  Washington Track Market May 14/1875  G. USUAL OCCUPATION (Give kind of work done)  Washington to Washington Co. Hospital  Washington Track Market May 14/1875  G. William E. Spedden  May 14/1875	D. CITY OR TOWN If outside carporate limits, write RUAL ON GIVE RECORDS TO BE TOWN IT OUTSIDE TOWN IT OUTSIDE COUNTY OF TOWN IT OUTSIDE COUNTY OUTSIDE COUNTY OF TOWN IT OUTSIDE COUNTY OUTSIDE C

TO FUNERAL DIRECTOR PAGE 1 PAGE 1 PAGE 3 should be 1 the registrar prior to b VS A15 (4) 15M 10/57

STATE OF THE PARTY OF THE PARTY.		ACTURDED.	
			A CONTRACTOR
	THE MANAGEMENT		ASSESSMENT OF THE STATE OF THE
			Company of Principles Special Section Section 1999

VS A15 (4) 15M 9/58

M

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4871

**CERTIFICATE OF DEATH** 

01970

	U	4	0	-	9
200	Dist				

1. PLACE OF DEATH o. COUNTY	Washington		MARY	LAND	2. USUAL RES		e (Whe	ere deceased	lived. If institut b. COUNTY		nce befor		sion)
b. CITY OR TOWN ( RURAL ond give no Hagers		ts, write	c. LENGTH OF STAY  52 yrs	IN 1b		Town			ote limits, write	RURAL ond	give nea	rest tow	n)
OR INSTITUTION	TAL (If not in hospitol, general Church St.		oddress)		d. STREET			Churc	h St.,			ON A	SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	Anna		Middle <b>G</b>		Spessar	ost 1		4. DATE OF DEATH	Mo 4	nth	22	,	Year 19 59
5. SEX female	6. COLOR OR RACE	7. MARI WIDOW	RIED NEVER MARRIE		8. DATE OF BIR		188		P. AGE (In years lost birthdoy) 72 yrs	IF UNDER	Days	Hours	ER 24 HR
	ON (Give kind of work king life, even if retired duties	done 10b.	kind of Business o	R INDU	The same of the	ky R	Ridg	ge, Fr		12. CIT	USA		COUNTRY
	liam Gilber		COSIAL CESTABLEY NO	1.	NFORMANT	El	iza	Dors		dress			
15. WAS DECEASED EVE (Yes, no, or unknown)	(If yes, give war or dates of s	ervice)	none		harles H	1. S	pes	sard	Hagers		Md.		
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate (	He	neralize f	An	eno se	elis	112	· W			5	yn	+
PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	ATH BUT	NOT RELATED T	TO THE T	TERMIN	NAL DISEASE	CONDITION GI	VEN IN PAI	RT 1(o) 1	PERFO	AUTOPSY DRMED?
□ OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture	of injur	ry in P	ort 1 or Port	11 of item 1B.)	1 - 1			
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Ye	or 20d. 1 While of wor			ACE OF INJURY ctory, street, offi				or town)		(County)		(Stote
27. I certify the alive an 2 Actual SIGNATURE PHYSICIAN'S NAME (Type)	F. F. L v s	decease 193	-11	death	, 195 n accurred a M.D. 23	5, 10 165	CA	M, fram t	he causes a eet, city or town	nd an th		state	
220. BURIAL, CREMATIC REMOVAL (Specify) DUTIAL	4-25-59	OF /	Rose Hil		PR CREMATORY	/			ON (City, town,			(Sto	d.
23. FUNERAL DIRECTOR Fred W. Kr		rsto	ADDRESS wn, Md.			24a.	REC'E	PR 2 7 '5	0	Istrar's s			

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VS A15 (4) 15M 10/57

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quires indi the death certificate be executed within 24 hours affer death. Page 4		igned by the attending physician and campletely filled in by the	emove &
degin c		attending	please
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S INC		d by	-
doire.		ignec	Dern

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4899

**CERTIFICATE OF DEATH** 

04880

Reg. Dist. No.

	o. COUNTY					2. US	UAL RESID	ENCE (W	here deceased	lived. If instit	ution: Resid	dence befo	ore odmiss	ion)
	WASH	INGTON			MARYLAND	0.	STATE	MAR!	YLAND	b. COUN	TY WA	SHIN	GTO	N
	b. CITY OR TOWN (III	outside corporate lim orest lown)	its, write	c. LENGTH	OF STAY IN 16	c.	CITY OR TO	OWN (If	outside corpor	ote limits, write	RURAL or	d give ne	arest town	*)
	RURAL	CLEAR SPI	RING	89	YEARS	X	RURA	L C	LEAR S	SPRING				
	d. NAME OF HOSPIT	AL (If not in hospital, s	give street	address)		/ d.	STREET AC	DRESS					e. IS RES	DENCE
	ROUTE 4	0				/	ROUT	E 40	0			- 14 19		FARM?
	B. NAME OF DECEASED	Fi	rst		Middle		Lost		4. DATE	N	lonth	De	ру	Year
	(Type or print)	HARRY		S.	S	PICK	LER		DEATH	4		2	27	19 59
1	S. SEX	6. COLOR OR RACE	7. MARR	HED NEVE	R MARRIED T	B. DATI	OF BIRTH			9. AGE (In yea	IF UND		1	ER 24 HRS.
	MALE	WHITE	WIDOWI	ED 🗍	DIVORCED 🗂	JUN	E 5.	I869	9	lost birthdoy		Doys	Hours	Min.
1	0a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUS	INESS OR INC	USTRY 1	. BIRTHPLA	CE (Stote	or foreign co	untry) MD	• 12.	CITIZEN C	OF WHAT	COUNTRY
	MECHANIC	g, a val. ii ve.ii ca	,	AUTOMO	DBILE	19	PIGL	ERS	CLEAR	RSPRI	NGII	.S.A		
ī	3. FATHER'S NAME					14. /	MOTHER'S	MAIDEN I	NAME					
	LEWIS A.	SPICKLE	?			B	EBEC	CA	P. SHA	ARPLES	S			
1	5. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECU	RITY NO. 17.	INFORM		021			ddress			
	NO	If yes, give war or dates of s		NONE	F	RANK	A.	SPI	CKLER	CLE	AR S	PRIN	G.MI	).
F	18. CAUSE OF DEA	TH [Enter only one co	use per lin	ne for (a), (b).	ond (c).]							INT	ERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	CAF	RCINOMA	OF TH	STO	MACH	WITH	NOEWDAY I	MET.	ASTAS	IS ON	SET AND UNKN	DEATH
	151x	DUE TO					E W							
	Conditions, if or	iy, which ) (b												
	gove rise to in couse (o), stoting t	nmediote (	,											
	lying couse lost.	ne under-	1											
	PART II. OTH	ER SIGNIFICANT CON		ONTRIBUTING	G TO DEATH BI	JT NOT RE	LATED TO	THETERM	INAL DISEASE	CONDITION	SIVEN IN P	ART 1(o)	19. WAS	AUTOPSY
	PART II. OTH	ANEMIA	, DUE	TO CHE	RONIC BI	_00D	LOSS						PERFO YES	RMED?
- H	20- ACCIDENT WA	S UNDERLYING	20b. DESC	CRIBE HOW IN	NJURY OCCUR	RED. (Ente	r noture of	injury in	Port I or Port	II of item 18.)				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)												
		Month, Doy, Ye	or 20d. IN	NJURY OCCUR	RRED 20e.	LACE OF	INJURY (H	ome, form	n, 20f. (City	or fown)	7.77	(County)		(Stole)
	Hour o.m.	19	While of work	Not while	10 1	octory, st	reet, office	bldg., etc	i.)					
	21. I certify the	at I attended the	decease	ed from	APRIL 22	. 1959	10	to A	PRIL 27	, 195919_	Alan	I Inst s	Al	J
	The state of the s	RIL 27, 1959	10							the causes				
		7		, ,	Did ded	iii accoi	ned dit			eet, city or tow		the da		ATE SIGNE
	ACTUAL SIGNATURE	whi (1)	aberi	1 OF	En						.,,			3.0142
1		0				_ M.D								
	PHYSICIAN'S NAME (Type)	ARCHIE	ROBER	TCOHEN	, M.D.		CLEAR	SPR	ING, MA	ARYLAND	AP	RIL 2	8, 195	9
2	20. BURIAL, CREMATION	N, 22b. DATE THEREC	F	22c. NAME	OF CEMETERY	OR CREM	ATORY		22d. LOCATI	ION (City, town	, or county	')	(State	e)
	BURIAL (Specify)	4/30/50	)	ST.			METE	RY	CLEA		TNG I	VID.	(0.0)	
2	3. FUNERAL DIRECTOR'S		900	ADDRES	S				D BY REGISTR		GISTRAR'S	SIGNATU	RE	
	JOHN :	F. CLARK		CLEA	ARPS PR	ING,	MD.	DATE	APR 29	'59	arthu	1 & to	LANA	

	THE PROMITION OF THE PERMITTED TO THE WINDOWS OF THE PROMITION OF THE PROM	
	ARARO RO STADRITRED CERTIFICATE OF DEATH	
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2		
	and the common contract of the	
	order of the complete and the complete of the	

VS A15 (4) 15M 10/57

'59 arthur & Kraus DATE MAY

e. IS RESIDENCE

Hours

ONSET AND DEATH

PERFORMED? YES NO

(Stote)

(Stole)

Days

(County)

ON A FARM?

YES NO TO

Year

19 59

The state of the s The State of the S

#### **CERTIFICATE OF DEATH** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) GERS TOWN d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION ASHINGTON CO. HOSPITAL 7SHINGTON NAME OF Middle 4. DATE last Month DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED T 9. AGE (In years lost birthday) 5. SEX NEVER MARRIED B. DATE OF BIRTH WIDOWED T DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY RTHPLACE (State or foreign country) during most of working life, even if retired) 13. FATHER'S DHAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o), DUE TO þ Ē Conditions, if ony, which (b) gave rise to immediate DUE TO cause (a), slating the underpuo lying couse last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY burial 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Not while of work of work 21. I certify that I attended the deceased from alive on and that death occurred P.M. fram the causes and an the date stated above. ACTUAL Đ à. PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 226. DATE THEREO (Specify)

ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No

Months

. IS RESIDENCE

Day

IF UNDER I YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO IR

(State)

ATE SIGNED

YES 🗍

(County)

24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

DATE APR

...that ( lost saw the deceased

(State

Doys

ON A FARM?

YES NO

Yeor

15M 9/55

23. FUMERAL DIRECTOR'S SIGNATURE

10 to	TE OF DEATH	CERTIFICA			
			A SAL MARKO RAS W		
the second second second					
a existence					

1	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	
5 A	may be retained by the haspital or attending physician.	
9/	TO FUNERAL DIR 9R. After this certificate has been signed by the attending physician and completely filled in by it whereit director.	
55	page 3 should be stoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 spell be filed with	
)	the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.	
.(		
	9	

	Doubtersign DME Wash. S. Roles	Twell 1	CERTIFICATION	ATE OF DEATH	-ballimore,	Reg. Dist. I	4883
1.		4873 SHINGTON	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYI	ere deceased lived. If institut b. COUNTY	WASHI	NGTON
	HAGER:	If autside corporate limits, wri earest tawn) STOWN TAL (If not in haspitol, give str	80 YRS.	X RURAL	CLEARSPRIN	and the latest the same	
	MARTINON	MANOR REST H	IOME	RT.#1 CL	EARSPRING		e. IS RESIDENCE ON A FARM? YES NO 2
3.	(Type or print)	HESTER	ANN Middle	SWOPE	4. DATE Mor	L	Doy Year 7 19 59
	FEMALE	WHITE WIDE	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 8/23/1865	93 уп.		
	HOUSE	king life, even it refired)	06. KIND OF BUSINESS OR INDU HOME	MARYL	AND		S.A.
	JACOB	KLINE		14. MOTHER'S MAIDEN N	SWOPE		
15.		R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		IRS. VIOLA G	. BLOYER	GLEARS	PRING MD.
	PART I. DEA	ATH [Enter only one cause per ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line for (a), (b), ond (c).]  Terminal Bronchopn	neumonia		11	NTERVAL BETWEEN NSET AND DEATH 48 hours
	Conditions, if a gove rise to i cause (a), stating lying cause last.	mmediate (	Hypertensive arterioso	clerotic Heart Dise	ase		unknown
CERTIFICATION	PART II. OTH	racture of the Righ	ns <u>contributing to death</u> but it hip incurred in a f	all 3/28/59		VEN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
		MEDICAL EXAMINER)	Fell at hor	ne			
MEDICAL		Mar 28 1959 of	nile Not while fa	ACE OF INJURY (Home, farm, ctary, street, office bldg., etc. at home	Rurel Clea	- C-	Wash Md
	21. I certify the olive an Apr.  ACTUAL SIGNATURE		osed from March 28	occurred of 7:15 P	April 7 - 19 59  2.M, from the causes of ADDRESS (Street, city or town,	ond an the	sow the decease dote stated abov DATE SIGNE
	PHYSICIAN'S NAME (Type)		rt Cohen, M.D.	Clear Spring,	Maryland	April 9	, 1959
	a. BURIAL (CREMATION REMOVAL (Specify) BURIAL  FUNERAL DIRECTOR		PAULS  ADDRESS		22d. LOCATION (City, town, WASHINGT) D BY REGISTRAR 24b. REGISTRAR 27 24b. REGISTRAR		(Stote) MD •

s. Latina SHALL THE LISTON ALBERTA 

VS A1S (4) 1SM 10/57 M

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4901

**CERTIFICATE OF DEATH** 

()4884

2001	Reg. Dist. No.
1. PLACE OF DEATH 6. COUNTY MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN	MARYLAND WASHINGTON
RURAL and give nearest town)	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
MEEDYSVILLE SOYEARS	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) / KEEDU OR INSTITUTION  TEED VSVILLE AND FARM	ON A FARM?
3. NAME OF First Middle DECEASED (Type or print) (**HARLES (**E**E**)	Lost A. DATE Month Doy Yeor OF DEATH ADRIL - 34 - 195919
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	19. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	lost birthdoy)   Months   Dovs   Hours   Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	
MANAGER-FREDERICK COLA COLA PLA	NT. LA CROSSE KANSAS   UISIA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES BAKER TAYLO	R ETTA ELIZABETH KEEDV
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. or unknown)   (It yes, give wor or dotes of service)	17. INFORMANT Address
10 214-09-6160	MRS. MARTHA TAYLOR KEEDUSVILLE MID
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b)) and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (6)	Massishe ( ancinonar es y ans 1, 195
DUE TO TO	- SI ST 41.00 RU. 11. 18 8 19
Conditions, if ony, which gove rise to immediate	a of my fact reaction of most
couse (o), stoting the under-	Λ / / / / / / / / / / / / / / / / / / /
lying couse lost. (c)	<u>C</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER. NOTIFY MEDICAL EXAMINER)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO
206. ACCIDENT WAS UNDERLYING CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Port I or Port II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20	e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20 While Not while of work of work	factory, street, office bldg., etc.)
p. m. 19 of work of work	
21. I certify that I attended the deceased fram	24., 18, 7, ta yww 24., 1955, that I last saw the deceased
alive an Mil 24 , 1957 , and that de	eath accurred at 100 M, from the causes and on the date stated abave
1 00 11 00 00	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE TURNE HE THEAT	" Sharpshurg, Wd. 4/25-11:
SIGNATURE	
PHYSICIAN'S WALTEY H. SWC	Thy MiD!
270. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETE	RY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
PREMOVAL (Specify) ADR 27, 1059 FAIR (IFW	CEMETERY KEEDISHILLE WASH. CO.MD
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 PEC'D BY PEGISTARD 246 PEGISTRAP'S SIGNATURE
- heli bel bat o	ADD 3 0 '59 Cilia 9 King
JOHN TI FULL BOOMSBAR	DATE MEN S S S S S S S S S S S S S S S S S S S

THE STOMET AND INTEREST OF THE METERS WE AT A THE PARK AND A STORY OF THE PARK

#### FOR STATE HEALTH DEPT

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be fare detailed for Medical Examiner's Office along with form PM3. Page 5 may be retained for at files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bool of Health, ar its designated agent, prior to burial, cremation, or removal, and incorperent within 72 hours after death.

VS. ATSME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4902 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()4885 Reg. Dist. No.

		1. PLACE OF DEATH S. COUNTY Washington MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  Md  b. COUNTY  Wash.						
1	b	CITY OR TOWN (It end give neargy town)	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	4 1b								
/		rural Smithsburg   4 vyears					x rural Smithsburg							
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  RFD 2  3. NAME OF DECEASED (Type or print)  Harrison Francis W					ON A FAR						e. IS RESIDENCE ON A FARM? YES NO		
						Walte		4. DATE OF DEATH	N	Apri	Doy	Yeor 5 1959		
	5. S	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8.				9. AGE (In yea			IF UNDER 24 HRS.	
	male white wowers &					ıly 18		8	fort birthday)	Months	Days	Hours Min.		
	10a.	USUAL OCCUPATION Countries working working to the book of the book	g life, even if retired)		arm	IDUSTR	Y 11. BIRTHPL		or foreign c	enna.	12. CI	TIZEN OI	WHAT COUNTRY	
	13.	. FATHER'S NAME					14. MOTHER'S	MAIDEN N						
-			Conrad (	. Wa	lter					Lucy M	1. Coo	1		
1	15. (Yes.		ER IN U. S. ARMED FOI		SOCIAL SECURITY NO.	17. IN	ORMANT			Add	rees			
)		no			0-28-3072	La	wrence	E.	Walte	er, Wa	ynesb	oro	Pa.	
	NO	PART I. DEAT  420./ Conditions, if or gove rise to immed (o), storing the occurse lost.	inderlying DUE TO		Acute Coro					E CONDITION	GIVEN IN PA	ONSE	VAL BETWEEN T AND DRATH	
)	CATI		Obesity									1	PERFORMED?	
	AL CERTIFICATION	PRIMARY OF CONCAUSE OF DEATH.	None None		None									
	MEDICAL	Hour o.m.	None 19	While		foctor	OF INJURY ( y, street, office ne	bldg., etc.)	20r. (City	or town)	- (C	ounty) —	(State)	
		opinion death  ACTUAL SIGNATURE  EXAMINER'S	resulted fram: N	Vatural co	emains described auses (7). Accide	-	, Suicid M.D. CHIEF A ASSISTA	MEDICAL EX	Homicide	, Und	etermined	monne	DATE SIGNED	
	220	NAME (Type)  - BURIAL, CREMATIO	N. 22b. DATE THEREO		22c. NAME OF CEMETER	YORG		MEDICAL	22d. LOCA	TION (City, to	wn, or county)		(Stote)	
	23	REMOVAL (Specify) buria FUNERAL DIRECTOR	HApr. 18.	1959	Smithsbur	g	Cemete		Smi	thsbu	rg	CALATUR	Md.	
				Home,	Smithsbur	rg,	Md.		PR 2 0		aring.		-	

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VS A15 (4) 15M 10/57

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Total	1
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4874

**CERTIFICATE OF DEATH** 

04886

Reg. Dist. No.

	o. COUNTY  L) ashington Co.	MARYLAND	2. USUAL RESIDENCE (WH	pere deceased lived. If institution b. COUN		re admission)
İ	b. CITY OR TOWN (If outside corporate limits, write	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limits, write	RURAL and give neg	rest town)
	RURAL and give nearest town) Hagerstoun	9-30-584/8-59	Bollin	MLE_	3 VO1.	4
	d. NAME OF HOSPITAL (If not in hospital, give street of	oddress)	d. STREET ADDRESS			e. IS RESIDENCE
	Western Ild. State Hespit	4	1606 €	- Fleet	SY	ON A FARM? YES NO
ľ	3. NAME OF First	Middle	Lost	4. DATE M	ionth Da	y Yeor
	(Type or print) Florence	2 1.	Waiters	OF DEATH CLZ	ril 8	, 1959
	5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year lost birthday		IPUNDER 24 HRS.
	F. WIDOWE		July, 8, 19	01 57 1		Hours Min.
	10a. OSUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY IN BIRTHPLACE (STOLE	or foreign country)	12. CITIZEN O	F WHAT COUNTRY?
,	House Wife		Maler	zh. W.Va	· the	24,
ď	13. FATHER'S NAME		14. MOTHER'S MAIDEN	IAME /		
	Charles Heart		Amure	(		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. II	NFORMANT	An A	ddress	
-		1111	· Noris Su	laven do	OGE, FAR	singual
	18. CAUSE OF DEATH [Enter only one couse per lin-				INTE	RVAL BETWEEN ET AND DEATH
	IMMEDIATE CAUSE (o)	-MONHRY	LONGESTION	2 EDEMA	2	DAYS
	DUE TO	10001	0			
	gove rise to immediate	NERALISED	CARCINOM	ATOSIS	3	MONTHS
1	course (a) station the mades > DUE TO	AMOUS CELL	CARCINOM	D AT ACOU	11/	Lucumie
1	(0)					THOMAN
	PART II. OTHER SIGNIFICANT CONDITIONS CO	SALVEDO III O IO DEATH BOT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION G	FIVEN IN PART I(0)	PERFORMED?
	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	O. (Enter noture of injury in F	ort I or Port II of item 18.)		
- 1						
	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. 19 While of work	UURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, tory, street, office bldg., etc.	20f. (City or town)	(County)	(Stote)
1	≥ p. m. 19 of work	of work				
	21. I certify that I attended the decease	d fram Sept. 30	) , 19.58, ta (	29118, 195	2. that I last sa	w the deceased
1	alive an Ceptil 8 , 19 3	M, fram the causes	and on the dat	e stated abave		
				ADDRESS (Street, city or town		DATE SIGNED
	SIGNATURE VICTOR L. RO	unis	M.D. Western	Md. State	Hospita!	Geri19/5
	PHYSICIAN'S VICTOR LIE	ames	Hagerst	own, mar	yland	
1	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (City, town	/	(Stote)
	BURNAL (Specify) 4-10-59	Loudon Park		Baltimore,		
- 1	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REC	SISTRAR'S SIGNATUR	
1	Wm. Cook, Inc., 1217 St.P.	aul Street	DAAPR	1 3 '59 an	thung S. France	

ST ANOMITIAS HITAGIN TO ENGINEERING STATE GRAJITIAM  AT THE STATE OF DEATH
Here Wille Bedwick Willer 12 41
Charles Heart Annile
Markori Sulleran NOPE, Falence
CAN THE REAL PROPERTY OF THE VEHICLE AND THE PARTY OF THE
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VS A1S (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

04887

			CERTIFIC	37-(11	. OI DEA	•••			Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY  Washin	gton		MARYLANG	11 /	JSUAL RESIDENCE S. STATE Maryla			COUNTY.	Residence l	10.0	ssion)
b. CITY OR TOWN (If outside RURAL and give nearest law Rural Hancok	n)	write c.	Life	×	Rural	-		nits, write RUR	AL and give	nearest tax	n)
d. NAME OF HOSPITAL (If not OR INSTITUTION	in haspital, give	street add	ress)	1	d. STREET ADDRESS		fanco	ek Md		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First <b>Ed</b>	ith	Middle Amoli		Weller	4. D.	ATE F EATH	Month		Day 30	Year 19 <b>59</b>
5. SEX 6. COLO	OR OR RACE 7		NEVER MARRIED DIVORCED	- 1	TE OF BIRTH	36	9. AG lost		Onths 20	-	ER 24 HRS.
10a. USUAL OCCUPATION (Give during most of working life, a	kind of work do even if retired)		ID OF BUSINESS OR IN			ate ar fore		land	12. CITIZE		COUNTRY?
13. FATHER'S NAME	**			14	MOTHER'S MAIDE	N NAME	200				
NOT 15. WAS DECEASED EVER IN U. S	Known		CIAL SECURITY NO. 17	. INFOR	Ida Sh	ilve	200	4.44			•
	wor or dutes of servi	ce)	None None	-	rs Nina	Wil	son H	Addres			
Conditions, if ony, which gave rise to immediate cause (a), stating the under lying cause last.	DUE TO  (b)  DUE TO  (c)	and and	trioscle		tie He	art	Dis	earl		20%	no
CATIC			TRIBUTING TO DEATH B						IN PAKI I(	PERF	ORMED?
200. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS	E OF DEATH	DESCRIB	BE HOW INJURY OCCUR	(KED. (En	ter nature at injury	in Part I d	er Part II or i	tem IB.)			
20c. TIME OF INJURY Manth Haur a. m. p. m.	, Day, Year	20d. INJU While at wark	Nat while		DF INJURY (Home, f street, affice bldg.,		(City or tov	vn)	(Cau	nty)	(State)
21. I certify that I off alive on April 3  ACTUAL SIGNATURE FOR PHYSICIAN'S NAME (Type) Frank	BTKM	eceased , 19_59		7 oth acc	., 1958., to_ urred at_ <b>7</b> .//	FPM, ADDRE	from the ss (Street, ci Street	ity ar tawn, sta	d on the	dote stat	deceosed ed obove ATE SIGNED
	DATE THEREOF	2	Stone Bri	OR CRE	MATORY	22d. L		City, tawn, ar	-	(Sta	le)
23. FUNERAL DIRECTOR'S SIGNAT	WRE, Se	ove	ADDRESS	رسور	me DATE	EC D BY R	egistrar	24b. REGISTE	AR'S SIGNA		OM Me

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event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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487	CERTIFICA	AIE OF DEATH		Reg. Dist. No.
1. PLACE OF BEATH  o. COWNIYShington	MARYLAND	2. USUAL RESIDENCE (Where deco. STATE Maryland	ceased lived. If institution b. COUNTY	Residence before admission) Washington
b. CITY OR TOWN (If outside corporate limits RURAL and give nearest town)  Hagerstown	write c. LENGTH OF STAY IN 1b 9 days	c. CITY OR TOWN (If outside of Rural	Corporote limits, write RUI Hagerstow	
d. NAME OF HOSPITAL (If not in hospital, give or institution Washington County	re street address) Hospital	d. STREET ADDRESS Route	2	e. IS RESIDENCE ON A FARM? YES A NO
3. NAME OF DECEASED (Type or print) Lewis He:	747	Last 4. DA		10 Doy Yeor
247. 14.		B. DATE OF BIRTH  Jan. 23, 1906	A STATE OF THE PARTY OF THE PAR	FUNDER 1 YEAR IF UNDER 24 HR Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) Fireman	Railroad	Hagerstown		U. S. A.
13. FATHER'S NAME	1977 - 3	14. MOTHER'S MAIDEN NAME	مر داد در د	3-
Augustus  15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no, or unknown)  No	vice)	Mattie O. NFORMANT  rs. Mary B. W:	ushbaug Addres Lebel Rou	55
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  420, / DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  Part II. OTHER SIGNIFICANT COND	Covonas Cinterna	y Sclences es clevesi	SEASE CONDITION GIVE	indef
5 nephrose	livesis,	'erenia		PERFORMED? YES NO
	20b. DESCRIBE HOW INJURY ÓCCURREI	D. (Enter noture of injury in Port I o	r Fort II or item 15.}	
20c. TIME OF INJURY Month, Doy, Year Hour o.m. 19		ACE OF INJURY (Home, form, 20f. ctory, street, office bldg., etc.)	(City or town)	(County) (Stat
21. I certify that I attended the alive on appeal of SIGNATURE Robert W		accurred at 358M, fr	ram the causes and ss (Street, city or town, st Nashington	tote) DATE SIGNI
PHYSICIAN'S NAME (Type) Robert V. C.	ampbell	Hagers	stown Md.	
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL 4-12-59	D	R CREMATORY 22d. L	OCATION (City, town, or Hagerstow	
23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich &	ADDRESS	24o. REC'D BY R	EGISTRAR 24b. REGIST	RAR'S SIGNATURE
		AM AT		

may be retained the haspital or attending physician.

TO FUNERAL DIRE OR: After this certificate has been signed by the attending physician and completely filled in by the interpersion of page 3 should be detached for use as the burial-tracer peamit. Then please remove carban papers. Pages 1 and 2 should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO HOSPITAL OR

the registrar priar ta burial, crematian, ar remaval VS A15 (4) 15M 9/5B

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	4904 ME	DIC	AL EXAMINER'S	CERTIFICAT	TE OF	DEATH	Reg.	() 4 Dist. No	88	)	
1. PLACE OF DEATH G. COUNTY	Washingto	n	MARYLAND	2. USUAL RESIDENCE (V. o. STATE Mary)		b. COUNT			fore odn	ission)	
and give negrest tawr	t outside cerporate limits, write () (8000	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		porote limits, write	RURAL o	nd give r	nearest to	wn)	
	AL OR INSTITUTION (I Nursing Hon		hospital, give street oddress)	/ d. STREET ADDRESS						RESIDENCE A FARM?	
3. NAME OF DECEASED (Type or print)	Fin C]	ara	Middle Easter	Willard	4. DATE OF DEATH	Monti Apr		14 Doy		Yeor 19 59	
5. SEX Female	6. COLOR OR RACE		RRIED NEVER MARRIED B.	DATE OF BIRTH Nov. 27,1875		9. AGE (In years last birthday) 8 3 yrs.	Months Months	R TYEAR Days	Hours	Min.	
10a. USUAL OCCUPATE during most of working	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired) Housewife Home				11. BIRTHPLACE (Stote or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY  USA						
13. FATHER'S NAME John W	esley McAfe	88		14. MOTHER'S MAIDEN N	h Bro	wn					
15. WAS DECEASED EV [Yes, no. er unknown] No	ER IN U. S. ARMED FO (If yes, give wor or dates of NO			FORMANT eeder Nusrin	g Hom	Address e- Boonsb	oro,	Md			
	TH [Enter only one cou	se per li	ine for (o), (b), and (c).]						EVAL BETW		

-	210		121)-10-220)	
- Characteristic Control	18. CAUSE OF DEATH [Enter o	nly one couse	per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I, DEATH WAS CA	USED BY: CAUSE (o)	Arteriosclerotic cardio-vascular renal disease	ONSET AND DEATH
	260 X Conditions, if ony, which		Diabetes M	10 yrs
	gove rise to immediate couse (o), stating the underlying couse lost.			
CATION		cant condi	tions contributing to death but not related to the terminal disease condition given in pail ${ t foot}$	PERFORMED?

20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

Hour	20d. INJURY OCCURRED While Not while	20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)	(County)	(State)
p.m. None 19	of work of work	none -	= 0 t	-
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21. I certify that I I	took charge at the remai	ns described obove	, held on Autop	sy , Inspect	ion x, Inquiry	, ond in my
opinion death result	ted from: Notural couses	X. Accident .	Suicide [],	Homicide .	Undetermined m	onner 🗌

1		1	1	Diente		Onderermined monne	" 🗀
	ACTUAL	Mach H	Beau	les course were	NCAL EVALUACE T		DATE SIGNED

SIGNATURE/_	-	-	M.D. CHIEF MEDICAL EXAMINATE	
			Acting Medicalesistant Medical Examiner	4-15-59
EXAMINER'S	Jack	H.	Reachley Mn Examiner	/ 4/
NAME (Type)	- 0.016	21.4	DEPUTY MEDICAL EXAMINER	

220. BURIAL, CREMATION,	226. DATE THEREC		22c. NAME OF G			22d. LOCATION (City, town, or	county) (State)
REMOVAL (Specify) Burial	4- 17	-59	Mt. Mc	riah	Cemetery	Foxville,	Maryland

23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR Raymond E. Creager Thurmont, Md. Orthur S. Haus

4 should be for ed to TO FUNERAL DIRECTOR: Po or its designoted agent, p VS. A15ME 5M 2/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 4876 MARYLAND

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Reg. Dist. No 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY Washington b. COUNTY Wash. Md. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Hagerstown Mx Smithsburg 2 davs d. NAME OF HOSPITAL (If not in hospitol, give street oddress)
OR INSTITUTION
Washington County Hospital d. STREET ADDRESS e. IS RESIDENCE Main St. YES NO 4. DATE NAME OF Middle Year DECEASED 1059 Edward Williard April 22. Harvey DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last bighdoy) Months white Dovs male Dec. 29, 1918 WIDOWED [ DIVORCED TO 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) construction work Lantz. Fred. Co., mason 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert D. Williard Virgie A. Bowman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address Joseph W. Williard Smithsburg, Rdl, Md. 220-10-3954 no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Con estive heart failure IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which Lobar oneu onia gove rise to immediate DUE TO couse (o), stoting the under-Alcoholic intoxication lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased from 10-3-54, 19, to 4-22-59, 19, that I last saw the deceased \_\_\_\_, and that death accurred at 1 3: 40 BM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED PHYSICIAN'S NAME (Type) Chanlag 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Smithsburg. 4-25. Pleasant ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Md . DATEAPR 2 7 '59 Orthug & House Scott F. Minnich & Son. Smithsburg.

with directar, filed death. executed within 24 D ā FUNERAL D page 10 VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4877
CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

()4891 Reg. Dist. No.

o. COUNTY Washingte	n	MARYLAND	2. USUAL RESIDENCE o. STATE Martland		b COUNTY,	ni Residence befo neten	re admissi	on)
b. CITY OR TOWN (If outside RURAL and give nearest town,	(n)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate	e limits, write RU [a.rvlan	2000	prest tawn)	
d. NAME OF HOSPITAL (If not or institution washingten			/ d. STREET ADDRESS				•. IS RESI ON A YES	DENCE FARM? NO
3. NAME OF DECEASED (Type or print) Georgian	First	Middle  Ezekiel	lost Wilson	4. DATE OF DEATH	Mont	h Do	y Y	60r 9 59
		RRIED NEVER MARRIED	B. DATE OF BIRTH		AGE (In years	IF UNDER 1 YEAR		
Male Col	ored widow	VED DIVORCED	Mar 5 190	5	lost birthdoy) 54 yrs.	Months Days	Hours	Min.
10a. USUAL OCCUPATION (Give during most of working life, of the life of the li	even if retired)	Restaurant		ole or foreign counsteen w		12. CITIZEN O	F WHAT	COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME				
Unknown			Magie	Wilson				
15. WAS DECEASED EVER IN U. S (Ye), no. or unknown) (If yes, give	wer or dates of service)		INFORMANT	400	Addre			
no		236-14-1057 ]	Mary E, VII	son 400	B Park			
18. CAUSE OF DEATH [Ent-		gestive hear	t failure				erval bet bet and hou	DEATH
Conditions, if ony, whic gove rise to immedial couse (a), stating the <u>under</u> lying couse lost.	le ( DUE TO	lmonary emph	ysema and	bronchi	al ast	hma 1	y ea	ır
ICATIO		CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE C	ONDITION GIVE	N IN PART 1(o) 1	PERFOR	NO X
	RLYING (1) 20b. DE SE OF DEATH L EXAMINER)	SCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury	in Port I or Port II	of item 1B.)			
20c. TIME OF INJURY Month Hour o. m. p. m.	Whil	1 1	ACE OF INJURY (Home, foctory, street, office bldg.,		town)	(County)		(Stote)
21. I certify that I at	tended the deced	sed from April 2	, 1959_, toA	pril 3	1959	,that I last so	w the	deceased
alive and pril 2	19!	59, and that death		ADDRESS (Stree	et, city or town, s	tote)	DA	TE SIGNED
PHYSICIAN'S NAME (Type) W1111	em T Ter		Mo 100 Pro Hagerst			s.Bldg.	4/_	4/59
220. BURIAL, CREMATION, 22b.		22c. NAME OF CEMETERY C			N (City, town, or	- country	/CA. 4-	
REMOVAL (Specify)	5-1959	-	Cemetery		stown		(State	1
John RDU	tong.	Hagustown	and DATE			Lun S. Krau		

VS A15 (4) 15M 9/55

	TE OF DEATH	CERTIFICA	TYPE	
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MARYLAND STATE DEPARTMENT OF HEALTH-EALTIMORE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIREC. After this certificate has been signed by the attending physician and campletely filled in by the property page 3 shauld be defacted far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in phy event within 72 haurs after death.

VS A15 (4) 15M 10/57

MARYLAND 4878		ENT OF HEALT	H—BALTIMORE, 18 H	()4892 g. Dist. No. 302
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (V	Vhere deceased lived. If institution: R	
Washington	MARYLAND	3.7	land b. COUNTY	Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RURAL	and give nearest town)
Hagerstown		03 Has	rerstown	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  Washington County Hospi		d. STREET ADDRESS	Franklin Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MARY	Middle CATHER INE	WOLFE	4. DATE Month OF DEATH April	Day Yeor 3 1959
5. SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH		NDER I YEAR IF UNDER 24 HRS
Female White WIDOWI	ED DIVORCED	November 10.	1871   last birthday) Mai	nths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU			2. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)  Retired Floor Lady  Co	mmercial Laund	rv Hagerste	wn. Maryland	II.S.A.
3. FATHER'S NAME	200000000000000000000000000000000000000	14. MOTHER'S MAIDEN		UeDeA.
Samuel H. Switzer		Marer .T.	Lawrence	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16_		NFORMANT	Address	
(Yes, no, or unknown) (If yes, give war or dates of service)	(15ml0m) 35/   -	Edgar W. Wolf	e Baltimore,	Maryland
18. CAUSE OF DEATH [Enter only one couse per li	ne for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ulmonary ede	ema		Il days
420.0 DUE TO	rteriosclero	tic heart	disease	Indefinite
gove rise to immediate	1 001 20502010	70200320		
couse (o), stoting the under-				
, (c)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIVEN IN	N PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO X
OR CONTRIBUTING LI CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. It Hour o. m. 19 While of worl	Not while for	ACE OF INJURY IHome, for ctory, street, office bldg., e	rm, 20f. (City ar town)	(County) (State)
21. I certify that I attended the decease	ed from March 2	3 1959 10	April 3 19 59th	at I last saw the decease
alive on April 2 C, 19	59 , and that death	occurred at 10:5	54M, from the causes and	on the date stated above
$\Omega M I$	`^`		ADDRESS (Street, city or lown, stote)	
ACTUAL SIGNATURE 17 Delugs	ly .	M.D. 148 Wes	t Washington S	
PHYSICIAN'S Dr. B. B. Knei	sley	Hagerst	own, Md.	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or cou	unty) (State)
Burial 4/0/1959	Rose Hill Ce	metery	Hagerstown	Maryland
23 JUNERAL DIRECTOR'S SIGNATURE Suter-Rouzer Funeral Home	ADDRESS Hagerstown	240.	THE REGISTRAR 246. REGISTRAR	

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2	SEATE OF DEATH AS CREEK.		

#### FOR STATE HEALTH DEPT.

of Heolth, N

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate world "pending" in pending in lem, 18. Give Pages 1, 2, and 3 to the funeral diarion. Page 4 should be for ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for it files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event—within 72 hours after death. 0

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VS. A15ME

5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4879 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(14893) Reg. Dist. No.

	PLACE OF DEATH	WA GUTTNOMON			O. STA		Where deceo	sed lived. If insti		ce before admission)	
-	0.57	WASHINGTON		MARYLAN	D	MAR	YLAND		WAS	HINGTON	
		Ilt outside corporate limits, write RURA RSTOWN	c. LEN	OF STAY IN 11	c. CITY	HAGER			e RURAL and	give nearest town)	
-		PITAL OR INSTITUTION (If not	in hospital, gi	0	d. STR	ET ADDRESS	OTOMIA			e. IS RESIDEN	
V	VASHING:	TON COUNTY H	OSPITA	AL	/ 32	7 MIT	CHELL	AVE.		YES NO	
	NAME OF DECEASED (Type or print)	GEORGE First	W	Middle ILLTAM	VOLING	BLOOD	4. DATE OF DEATH	Mon		Day Year	
5. 5				NEVER MARRIED			DEATH	API	IF UNDER 1	2319 5	-
	MALE	WHITTH	OWED []	DIVORCED [	8. DATE OF 8	2/188	9	foot bijebden)	Months D	ays Hours Min.	TKS.
10a	. USUAL OCCUPA	TION (Give kind of work done king life, even if retired)	10b. KIND OF	BUSINESS OR INDU	STRY 11. BIRT	HPLACE (Stote	or foreign	country)	12. CITIZ	EN OF WHAT COUNT	TRY?
F	RETIRED	LINEMAN	ELEC	C. POWER	Co.	WEST				U.S.A.	
13.	FATHER'S NAME				14. MOTH	ER'S MAIDEN				0.00	
	ADAM	YOUNGBLOOD			LOU	ISE W	HORTO	N			
		EVER IN U. S. ARMED FORCES		SECURITY NO. 17.	INFORMANT			Addres	· HA	GERSTOWN	-
1701	NO or unknown)	(If yes, give war or dates of service		10-5334	MRS.	EMMA V	W. YO	UNGBLOC		MD.	
		EATH [Enter only one couse per EATH WAS CAUSED BY:	r line for (o),	(b), and (c).]		.8 7 7				INTERVAL BETWEEN ONSET AND DEATH	
	174411100	IMMEDIATE CAUSE (6)									
	420./ DUE TO acute coronary thrombosis								10 min		
	Conditions, if gove rise to imm										
	(o), stoting the underlying DUE TO										
2		THER SIGNIFICANT CONDITION	NS CONTRIBU	TING TO DEATH BU	T NOT RELATED	TO THE TERM	UNAL DISEAS	E CONDITION G	VEN IN PART	I(a) 19 WAS AUTOPS	SY.
ATIO			chial a							PERFORMED?	?
CERTIFICATION	200. EXTERNAL C	ONTRIBUTING [ ]	SCRIBE HOW	INJURY OCCURRED.	(Enter noture	of injury in Par	rt I or Port II	of item 18.)			
	CAUSE OF DEATI	Holle	none		MILES IN						
MEDICAL	Hour o. n	. None	While of work	Not while fe		RY (Home, forn ffice bldg., etc		y or town)	(Coun	ty) (State	(8)
	21. I certify	that I took charge of	the remoin	ns described al	ove, held	an Autops	у П. І	nspection Z	Inquiry	Ond in r	nıv
	opinion deat	h resulted from: Notu	ral causes	Accident	□, Sui	cide [].	Homicide	, Undet	ermined m	onner 🗍	,
	final E	0000	A	20		Land'					
1	ACTUAL SIGNATURE	S, Tolust	nee	ely	M.D. CHI	EF MEDICAL EX	XAMINER [			DATE SIGNED	1
						ISTANT MEDIC	AL EXAMINE	R	Aon	02519	55
	EXAMINER'S NAME (Type)	S. Robert We	lls, M.	D.	DEP	UTY MEDICAL	EXAMINER		1		./
220	BURIAL CREMAT	ION, 22b. DATE THEREOF	22c. N/	AME OF CEMETERY	OR CREMATOR	Y	22d. LOCA	TION (City, town,	or county)	(Slote)	
	BURIAL	4/26/59	C	GREENWAY	CEM.		BER	KLEY SI	PRINGS	W. VA.	
23.	FUNERAL DIRECTO	OR'S SIGNATURE	Al	DDRESS	-		D BY REGIST		ISTRAR'S SIGN		
1	U.J. Me	rexerd the	aers	lower	Mel	DATE AF	PR 2 8 '5	og a	other & 1	Trave	

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**CERTIFICATE OF DEATH** 

04894 Dist. No.

4905	CERTIFICA	ATE OF DEATH	Reg.	Dist. No.
1. PLACE OF DEATH a. COUNTWashington	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution: Resident B. COUNTY W	dence before admission) Vashington
b. CITY OR TOWN (If autside carporate limits, write RURA) and give neocest town Hagerstown	c. LENGTH OF STAY IN 16		utside corporate limits, write RURAL on	nd give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Gateway Nursing Home	address)	d. STREET ADDRESS	iams "ve.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) John Henry Zej	p Jr.	Last	4. DATE Month OF DEATH April 13	Day Year
5. SEX Male 6. COLOR OR RACE 7. MARR White widowi	DIVORCED	B. DATE OF BIRTH  June 29, 19	last birthday) Month	
	kind of Business or Indu Sand Blast	Martinsh	ourg W. Va.	U. S. A.
John H. Zepp	Sr	Gather	ine Green	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (It yes, give war or dates of service)		NFORMANT 's. Catherin	Address ne Rickard Hag	. Md.
Conditions, if any, which gave rise to immediate cause (o), stoting the under-lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	loular	NAL DISEASE CONDITION GIVEN IN P	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INTURY OCCURRE	D. (Enter noture of injury in P	Port I or Port II of item 18.)	its [] NO DA
Hour a.m. While	NJURY OCCURRED  Not while  k at wark	ACE OF INJURY (Hame, farm, ctary, street, office bldg., etc.	20f. (City or town)	(County) (State)
ACTUAL SIGNATURE	2.9, and that death	M.D. Clear	M, fram the causes and on ADDRESS (Street, city or town, stole)	last saw the deceased the date stated above DATE SIGNED
PHYSICIAN'S David R. Brew	22c. NAME OF CEMETERY C		espring Md.  22d. LOCATION (City, town, or count Hagerstown	y) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS He corst own	24a. REC'!	BY REGISTRAR 24b. REGISTRAR'S	SIGNATUREA

VS A15 (4) 15M 9/58

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